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Florida Department of State
Division of Corporations
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LIMITED LIABILITY COMPANY

COMAL MATERIALS, L.L.C.

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ARTICLES OF ORGANIZATION
OF
COMAL MATERIALS, L.L.C.

ARTICLE I NAME

The name of the limited liability company shall be: COMAL MATERIALS, L.L.C.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 3825 Mather Rd., West, Lakeland, Florida 33810.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: R. Gene Prine, 3825 Mather Rd., West, Lakeland, Florida 33810. Located in the County of Polk.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2040.

ARTICLE V MANAGERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:
Judy Prine, 5636 Baybrook Avenue, Orlando, FL 32819.
R. Gene Prine, 3825 Mather Rd., West, Lakeland, Florida 33810


Richard Oster, Authorized Representative.

Prepared by Richard Oster, Business Filings, 8025 Excelsior Dr. Suite 200, Madison, WI 53717.

(608) 827-5300.

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CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: COMAL MATERIALS, L.L.C.

The name and address of the registered agent and office is: : R. Gene Prine, 3825 Mather Rd., West, Lakeland, Florida 33810. Located in the County of Polk.

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature: _____

R. Gene Prine
R. Gene Prine

Date: _____

4/30/00

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