

L02000013168

TRANSMITTAL LETTER

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

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-05/13/02--01075--002  
\*\*\*\*125.00 \*\*\*\*125.00

SUBJECT: HBT CONCRETE RESTORATION, LLC

FROM: JON J. BOLLIER  
1500 UNIVERSITY DR. SUITE 208  
CORAL SPRINGS, FL 33071  
(954) 340-7793

FILED  
02 MAY 29 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0789/623/671

1002-14239  
5/30/08



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

May 17, 2002

JON J BOLLIER  
1500 UNIVERSITY DR STE. 208  
CORAL SPRINGS, FL 33071

SUBJECT: HBT CONCRETE RESTORATION, LLC  
Ref. Number: W02000014239

We have received your document for HBT CONCRETE RESTORATION, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 502A00031690

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

HBT CONCRETE RESTORATION, LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

1500 UNIVERSITY DR. SUITE 208, CORAL SPRINGS, FL 33071

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

JON J. BOLLIER

Name


1500 UNIVERSITY DR. SUITE 208

Florida street address (P.O. Box **NOT** acceptable)

CORAL SPRINGS, FL 33071

City, State, and Zip

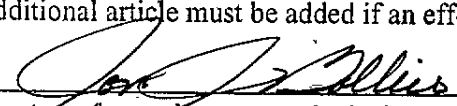
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 as provided for in Chapter 608, F.S.*

  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jon J. Bollier

Typed or printed name of signee

### Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 MAY 29 AM 11:09

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