Division of Corporations

Page 1 of 1

Florida Department of State Division of Corporations Public Access System

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To:

Division of Corporations

: (850)205-0383 Fax Number

From:

Account Name : M. BURR REIM COMPANY Account Number : 119990000242 Phone : (215)563-8113 Fax Number : (215)977~9386

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## LIMITED LIABILITY COMPANY

ALL FLORIDA AGGREGATE, LLC

Certificate of Status	11
Certified Copy	8
Page Count	02
Estimated Charge	\$130.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N	ame:
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The name of the Limited Liability Company is:

ALL FLORIDA AGGREGATE, LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 876 Grandver Street, Sabastian, FL 32958

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
W. Bradley Munroe, Esquire
Name
239 East Virginia Street
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301
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.
(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.)
Robert Worthington, authorized representative
Typed or printed name of signee
Filing Foor:  \$100.00 Filing Foo for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)