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(Re	equestor's Name)	
(Ad	dress)	
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(Cn	:y/State/Zip/Prioni	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

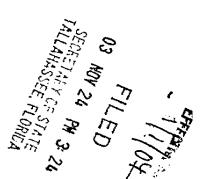
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DIVISION OF CORFONATION

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Deming Concrete + Masonry &	C ROBERT TORING
	Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File
	Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation
	Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing
	Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search
Signature Requested by:	Fictitious Owner Search Vehicle Search Driving Record UCC 1 or 3 File
Name Date Time Walk-In Will Pick Up	UCC 11 Search UCC 11 Retrieval Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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	福	5.74		

ARTICLE 1 - Name:		多治 2
The name of the Limited Liability Company	is:	3 *
DEMING CONCRETE & MASONRY, LLC	<u>=</u> .	<u> </u>
ARTICLE II - Address: The mailing address and street address of the	e principa	al office of the Limited Liability Company is:
Principal Office Address:	****	Mailing Address:
940 Pinto Circle	-	940 Pinto Circle
Nokomis, FL 34275		Nokomis, FL 34275
ARTICLE III - Registered Agent, Register The name and the Florida street address of the		
SKIP BERG	<u> </u>	<u></u>
Na	ame	
1872 Tamiami Trail S., S	uite D	

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, Florida Statutes..

City, State, and Zip

Venice

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

.___ FLORIDA

egistered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGR	WAYNE DEMING		
	940 Pinto Circle		
	Nokomis, FL 34275		
	· _ 		

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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.)

WAYNE DEMING

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)