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Mr. Johnson GAVE
AUTHORIZATION BY PHONE TO
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TRANSMITTAL LETTER

Division of Corporations

SUBJECT: Ronald R. Johnson Concrete Masonry
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ronald R. Johnson
(Name of Person)

Ronald R. Johnson Concrete Masonry

(Firm/Company)

SIGN SE 164th Place

(Address)

Summee Field, Florida 34491

(City/State and Zip Code)

For further information concerning this matter, please call:

Ronald R. Johnson

at (352, 345-0493 of Care Code & Daytime Telephone Number)

(Name of Person)

(Name of Person)

STREET ADDRESS:

TO:

Registration Section

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ronald R. Johnson Concret	e Masonry LLC					
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:						
Principal Office Address:	Mailing Address:					
8198 SE. 164th Place	8198 SE. 164th Place					
Summerfield, florida	Summerfield Florida					
34491	34491 5 B					
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Ronald R. Johnson Name 8198 SE 164th Place Florida street address (P.O. Box NOT acceptable) City, State, and Zip						

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..

Page 1 of 2 (CONTINUED)

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

	ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:		
	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
M6R	Ronald R. Johnson	8198 SE 164th Place Summerfield Florida 34491	
	. 	3 L: 3 A: DE	
	(Use attachment if necessary) NOTE: An additional article must	be added if an effective date is requested.	
	REQUIRED SIGNATURE:	In authorized representative of a member.	
	of this document constitutes that the facts stated herein as PONALID	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury re true.) Physical American Statutes, the execution an affirmation under the penalties of perjury retrue.)	

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)