10400007267

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: (a// when reads) |
| Call when reads 383-1940 Pat |

Office Use Only



900025709519

01/28/04--01001 -001 **155.00] ;

131

FILED OF JAM 27 PM 6: 02 PV/S/CH OF CONFORM 2 SECRETASSEE, FLORIDA

TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: CharLTON CONCE | CETE Limited Liability Company) |
| (Name of | Limited Liability Company) |
| • | ઁ <i>ં</i> |
| The enclosed Articles of Organization and fee(s) | are submitted for filing. |
| Please return all correspondence concerning this n | natter to the following: |
| | |
| LUILLER BROWN (Name of Person) | |
| (Name of Person) | 7-17 |
| , | |
| Charlton Concrete | |
| (Film/Company) | |
| | |
| 800 B MAROD ST. (Address) | |
| (Address) | |
| TAMPHASSEE F1. 323 (City/State and Zip Code) | 305 |
| (City/State and Zip Code) | |
| | |
| For further information concerning this matter, please | se call: |
| LUTHER BROWN (Name of Person) | at (850, 251-3957 |
| (Name of Person) | (Ares Code & Daytime Telephone Number) |
| | |
| | BEATT TRIC AMMIREC. |
| STREET ADDRESS: | MAILING ADDRESS: Registration Section |
| Registration Section | Division of Corporations |
| Division of Corporations | P.O. Box 6327 |
| 409 E. Gaines Street | Tallahassee Florida 32314 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: Challon Concrete LLC ARTICLE II - Address: The mailing address and street address of the principal of | office of the Limited Liability Company is: |
|--|---|
| Principal Office Address: | Mailing Address: |
| 800 B MARGO ST. TALL. Fl. 32305 | |
| OUD P MAIN CO TAILE. | |
| ARTICLE III - Registered Agent, Registered Office, | & Registered Agent's Signature: |
| The name and the Florida street address of the registered | agent are: |
| LUTHER BROWN | |
| Name | |
| 806 B MARGO ST. Florida street address (P.O. Box NO | T acceptable) |
| TRO LAHOSSEE FL | 3230 <u>5</u> |
| 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

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| Title: "MGR" = Manager "MGRM" = Managing Member | Name and Address: | |
|---|--|---------------------------------------|
| MGRM | LUTHER BROWN 800 B MARGO ST. TAIL FL. 32385 | • |
| ************************************** | | |
| | | |
| | | |
| (Use attachment if necessary) NOTE: An additional article must be REQUIRED SIGNATURE: | added if an effective date is requested. | |
| Juther | or an authorized representative of a member. | e e e e e e e e e e e e e e e e e e e |
| of this document constituent that the facts stated hereing | Was | ··· ,- : . |
| Туре | d or printed name of signee | C 1 |