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DIVISION OF CHAPORATION

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CLS Concrete & Remodeline (Name of Limited Liability Company)	9	L L (
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Cody L SMIHM (Name of Person)		
CLS Concrete à Remodeling LLC	04 MAR	SEC
8879 Lee Reeves Rol (Address)	IAR -4 AM	RETARY OF
Tall FL 32309 (City/State and Zip Code)	11: 38	STATE FLORIDA
For further information concerning this matter, please call:		
Carrie Smith at (250) 894-(104 (Area Code & Daytime Telephone Number)		

STREET ADDRESS:

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:

CLS (Oncrete + Kemode Ing LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

8879 Lee Reeves Rd

Tall FL 32309

See Sec.

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

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

Name MAT

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

Tall FL 32309
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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing	Name and Address:	
MERM	Carrie (SMI+V) 9879 Lic Recves 2d 7911 PL 32307	
		,
(Use attachment if nece	age of the second secon	r conto
REQUIRED SIGNAT Sign (In a of the	article must be added if an effective date is requested.	
	W111. W1	

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

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\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)