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CORPORATION DIVISION

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RES CONCRETE SERVICES, LLC  
(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:

H. DAVIS UPCHURCH, JR., ESQ.  
(Name of Person)

UPCHURCH & ESPOSITO, P.A.  
(Firm/Company)

PO Box 3956  
(Address)

St. Augustine, Florida 32085-3956  
(City/State and Zip Code)

For further information concerning this matter, please call:

H. DAVIS UPCHURCH, JR., ESQ 904 825-1990  
(Name of Person) at ( ) (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

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DIVISION OF CORPORATIONS  
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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

February 24, 2004

H. DAVIS UPCHURCH, JR., ESQ.  
UPCHURCH & ESPOSITO, P.A.  
P.O. BOX 3956  
ST. AUGUSTINE, FL 32085-3956

SUBJECT: RES CONCRETE SERVICES, LLC  
Ref. Number: W04000007757

We have received your document for RES CONCRETE SERVICES, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing  
Document Specialist

Letter Number: 304A00012441

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is: RES CONCRETE SERVICES, LLC

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

151 Sawgrass Corners, Ste. 105  
Ponte Vedra, Florida 32082

#### Mailing Address:

Same  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Robert E. Schaffer

Name

151 Sawgrass Corners, Suite 105

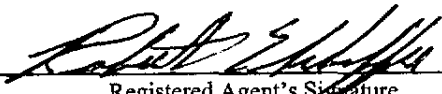
Florida street address (P.O. Box **NOT** acceptable)

Ponte Vedra FL 32082

City, State, and Zip

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*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  
(Robert E. Schaffer)

(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:**

MANAGER

Robert E. Schaffer

151 Sawgrass Corners, Suite 105  
Ponte Vedra, Florida 32082

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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(Use attachment if necessary)

**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.

ROBERT E. SCHAFFER, MANAGER  
(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 E. SCHAFFER, MANAGER

\_\_\_\_\_  
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)

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