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(Re	questor's Name)
(Ad	dress)
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(Cit	ry/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	
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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	· · · · · · · · · · · · · · · · · · ·
Division of Corporations	
SUBJECT: SUMMERLIN'S CONCRETE 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:	
JONATHAN D. SUMMERLIN	
(Name of Person)	
SUMMERLIN'S CONCRETE LLC	
(Firm/Company)	
COA OFINIOLE TRAIL	
284 SEMINOLE TRAIL (Address)	
(Address)	
CRESTVIEW, FLORIDA 32536	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
JONATHAN SUMMERLIN at ( 850 ) 682-3551	
(Name of Person) (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:	
SUMMERLIN'S CONCRETE LLC	
ARTICLE II - Address: The mailing address and street address of the principal	l office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
284 SEMINOLE TRAIL	284 SEMINOLE TRAIL
CRESTVIEW, FL 32536	CRESTVIEW, FL 32536
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the register  JONATHAN D. SUMMERLIN Name  284 SEMINOLE TRAIL Florida street address (P.O. Box 1	red agent are:
	LORIDA 32536
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, Florida Statutes.

Registered 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:

Title:

Name and Address:

"MGR"	JONATHAN D. SUMMERLIN	
	284 SEMINOLE TRAIL	
	CRESTVIEW, FL 32536	
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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.)

JONATHAN D. SUMMERLIN

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)
- 8 5.00 Certificate of Status (Optional)