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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)205 0383

From:  
Account Name : CLARION VENTURES, INC.  
Account Number : 120030000020  
Phone : (801)721-4788  
Fax Number : (801)475 6420

**LIMITED LIABILITY COMPANY**

**Awesome Concrete Makeovers LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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DIVISION OF CORPORATIONS

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Awesome Concrete Makeovers LLC**ARTICLE II - Address:**

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

**Principal Office Address:**6470 Treehaven DrSpring Hill FL, 34606**Mailing Address:**6470 Treehaven DrSpring Hill FL, 34606**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

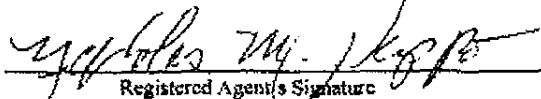
Nicholas M Puppo

Name

6470 Treehaven DrFlorida street address (P.O. Box **NOT** acceptable)Spring Hill,FLORIDA 34606

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

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**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

Nicholas Michael Puppo

8470 Treehaven Dr

Spring Hill FL, 34606

MGRM

Diane Caroline Loher

8470 Treehaven Dr

Spring Hill FL, 34606

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**

Diane Loher  
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.)

Diane Loher  
Typed or printed name of signer

**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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