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TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations
SUBJE	CCT: GATOR'S CEMENT, LLC
	(Name of Limited Liability Company)
The en	closed Articles of Organization and fee(s) are submitted for filing.
lease	return all correspondence concerning this matter to the following:
Steph	nen T. Safford
***	(Name of Person)
	(Firm/Company)
939 L	alonde Rd
	(Address)
N.FT.	Myers, FL. 33917
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
. Or rul	war mrarman agnasymb min manay branna any.
Ste	ven Safford at (239) 543-4900
	(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

The name of the Lin GATOR,S CEMEN	mited Liability Company is:	
ARTICLE II - Add The mailing address	* * * * * * * * * * * * * * * * * * * *	ncipal office of the Limited Liability Company is:
Principal Office A	ddress:	Mailing Address:
939 Lalonde Rd, N.I	FT. Myers, FL. 33917	939 Lalonde Rd, N.F T. Myers, FL. 33917
	l	
	egistered Agent, Registered	Office, & Registered Agent's Signature:
The name and the r	Stephen T. Safford	gistered agent are.
	Name	
	939 Lalonde Rd	
	Florida street address (P.O	. Box NOT acceptable)
	N. Ft. Myers	_{FL} 33917
•	City, State, a	nd Zip
liability company a registered agent an statutes relating to	t the place designated in this of d agree to act in this capacity the proper and complete perfo	ceept service of process for the above stated limited certificate, I hereby accept the appointment as I further agree to comply with the provisions of all ormance of my duties, and I am familiar with and agent as provided for in Chapter 608, F.S
	(CONTINI	JED)

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 Member	Name and Address:		
MGR	Stephen T. Safford		
	939 Lalonde Rd		
	N.Ft. Myers, FL. 33917		
,			
(Use attachment if necessary)			
NOTE: An additional article mus	at be added if an effective date is requested.		
REQUIRED SIGNATURE:	m Saffail 8-30	o-04	
	nber of an authorized representative of a member.		
of this document co that the facts stated	un T. Safford	04 SEP	
	Typed or printed name of signee	- မ	
	Filing Fees:	ض ح	201
	\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent	<u> </u>	
	\$ 30.00 Certified Copy (Optional)	1: [=

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: GATOR,S CEMENT, LLC

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
939 Lalonde Rd, N.FT. Myers, FL. 33917	939 Lalonde Rd, N.F T. Myers, FL. 33917

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

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

Stephen T. Saffor	d
N	ame
939 Lalonde Rd	
Florida street address	(P.O. Box NOT acceptable)
N. Ft. Myers	_{FL} 33917
City, St	ate, 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..

(CONTINUED)

Page 1 of 2

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 Memb	Name and Address:	
MGR	Stephen T. Safford	
·	939 Lalonde Rd	
	N.Ft. Myers, FL. 33917	
(Use attachment if necessary) NOTE: An additional artic	e must be added if an effective date is requested.	
REQUIRED SIGNATURE:		
- Sett	f a member of an authorized representative of a member.	
(In accordar of this docu	ce with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury s stated herein are true.) 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)	