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(Re	equestor's Name)		
(Address)			
(Ac	dress)		
(Ci	ty/State/Zip/Phone	#)	
PICK-UP	WAIT	MAIL	
(Bi	siness Entity Nam	e)	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
		, }	
<u></u>		10/29	
	Office Use Only	illist	



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04 OCT 27 AM 11: 24

TRANSMITTAL LETTER

TO: Registration Se Division of Co	ection rporations			
SUBJECT:	JOHN DAVENPOR	RT CONCRETE	E, LLC	
	(Name of Limite	d Liability Comp	pany)	
	f Organization and fee(s) are s			
Please return all corresp	ondence concerning this matte	er to the followin	g:	
		WIS DAVENP	ORT	
	1)	Name of Person)		
	JOHN DAVENI	PORT CONCR	ETE. LLC	ON OCT 27 MM 11: 24
		Firm/Company)		9
	4094 JACKS	ON COMMUNI	TY RD.	OCT 27 MIL 24
		(Address)	- · · · · · · · · · · · · · · · · · · ·	L. 2
				-
	VERNO	N, FL 32462		` +
	(City/	State and Zip Cod	e)	
For further information	concerning this matter, please	call:		
, or thinks and	eville in			
CONNIE THARPE		at (_850	785-4412	
(Name	of Person)	(Area Co	de & Daytime Te	elephone Number)
Enclosed is a check for	or the following amount:			
☑ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	\$155,00 F Certified Cop (additional copy	ру	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi	ET ADDRESS: tration Section on of Corporations . Gaines Street		MAILING A Registration S Division of Co P.O. Box 6327	ection orporations

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liab	oility Company is:	
JOHN	DAVENPORT CONCRETE, LLC	
ARTICLE II - Address:	et address of the principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	Liaomey Company is.
4094 JACKSON COMMUNITY RD. VERNON, FL 32462 VERNON, FL 32462 VERNON, FL 32462		Y RD.
ARTICLE III - Registered A	Agent, Registered Office, & Registered Agen	t's Signature:
The name and the Florida stre	eet address of the registered agent are: JOHN LEWIS DAVENPORT	OCT 2.
	Name	
4	094 JACKSON COMMUNITY RD.	AN II: 24
. <u></u>	Florida street address (P.O. Box NOT acceptable)	HII: 24
	VERNON, FL A2462	
	City, State, and Zip	
liability company at the pl registered agent and agree to statutes relating to the prop	tered agent and to accept service of process for the lace designated in this certificate, I hereby accept act in this capacity. I further agree to comply we are and complete performance of my duties, and I my position as registered agent as provided for in Registered Agent's Signature	t the appointment as with the provisions of all am familiar with and

(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:				
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGRM	JOHN LEWIS DAVENPORT			
	4094 JACKSON COMMUNITY RD.			
	VERNON, FL 32462			
(Use attachment if necessary) ARTICLE V - EFFECTIVE DATE The effective date of this NOTE: An additional article must be a	S Company shall be November 15 200 added if an effective date is requested.			
REQUIRED SIGNATURE:				

(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.)

Signature of a member or an authorized representative of a member.

JOHN LEWIS DAVENPORT

Typed or printed name of signee

Filing Fees:

ADD ARTICLE:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)