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(Requestor's Name)	
(Address)	0000422
(Address)	0000-722
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	10/29/04010
(Business Entity Name)	
(Document Number)	
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### TRANSMITTAL LETTER

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

TO: Registration Section Division of Corporations	
SUBJECT: Complete Concrete, L. L. (Name of Limited Liability Company)	S.C
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Melvin Santos (Name of Person)	
COMPLETE CONCrete, LLC (Firm/Company)	
208 Howell RD. (Address)	04 OC SECRE TALLAH
Ovincy Fl. 32352 (City/State and Zip Code)	TILED T 29 PM 2 TARY OF ST ASSEE, FLO
For further information concerning this matter, please call:	2: 18 TATE ORIDA
Melvin Sando S at (850) 856-9 (Name of Person) (Area Code & Daytime Telephone Nu	7632 umber)
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certified (additional copy is enclosed) Certified Copy	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
STREET ADDRESS: MAILING ADDRES	SS:

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:

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)

## 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" = Manager				
"MGRM" = Managin	g Member			
110011				
MONN	** -	Melvin Sactos.	,	
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NOTE: An addition	al article must be a	added if an effective date is requested.	9	
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REQUIRED SIGNA	TURE:	\$ \$ \$	29	
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_	Mix	ANTO CONTRACTOR SET	<u>~</u>	
Si	gnature of a member o	r an authorized representative of a member.	9	
/fr	accordance with section	n 608.408(3), Florida Statutes, the execution		
of	this document constitut	es an affirmation under the penalties of perjury		
th	at the facts stated herein	are true.)		
	Nelvin	JANTOS.		
<del>-</del>	Турес	d 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)