## L04000081173

| (Re                     | questor's Name)    |  |
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| (Ci)                    | ty/State/Zip/Phone | ⇒#)                                    |
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| PICK-UP                 | WAIT               | MAIL                                   |
|                         |                    |  |
| (Bu                     | siness Entity Nar  | ne)                                    |
|                         |                    |  |
| (Do                     | cument Number)     |  |
|                         |                    |  |
| Certified Copies        | Certificates       | s of Status                            |
|                         |                    | <del></del>                            |
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| Special Instructions to | Filing Officer:    |  |
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Office Use Only



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## TRANSMITTAL LETTER

| STRE                                    | ET ADDRESS:                                   | MAILING A  | DDRESS:  |                    |
|---|---|--|--|--------------------|
| <b>☑</b> \$125.00 Filing Fee            | ☐ \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$160.00 Fiting Fe<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclose   | ট্ৰ                |
| `                                       | or the following amount:                      | (Mea code et Daysinto I  | in the second se | 3 T                |
|   | of Person)                                    | (Area Code & Daytime T   | elephone Number)   | (1)                |
| For further information                 | concerning this matter, please                | call: at ( 850) 785-4412   |  | 04 NOV -8 PH 12: ( |
| <b></b>                                 | (City/  | State and Zip Code)  |  |                    |
|   |   | A CITY, FL 32401   |  |                    |
| <u> </u>                                | <del></del>                                   | (Address)  | <del> </del>   |                    |
|   | 2202  | 8TH STREET   |  |                    |
|   | (I  | Firm/Company)  |  |                    |
|   | D-H CONCR                                     | ETE FINISHING, LLC   |  |                    |
|   |   | Name of Person)  | <del></del>  |                    |
|   | DAVID W                                       | ILLIAM HUGHLEY   |  |                    |
| Please return all correspondent         | ondence concerning this matter                | r to the following:  |  |                    |
| The enclosed Articles of                | Organization and fee(s) are su                | abmitted for filing.   |  |                    |
|   | (Name of Limited                              | Liability Company)   |  |                    |
| SUBJECT:                                | <del></del>                                   | E FINISHING, LLC   |  |                    |
| TO: Registration Sec<br>Division of Cor |   |  |  |                    |

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 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 Compar  | ny is:   |  |  |
|---|--|--|--|
| D-H CONCRETE FINISHING, 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:   |  |  |
| 2202 8TH ST<br>PANAMA CITY, FL 32401  | 2202 8TH ST<br>PANAMA CITY, FL 32401   |  |  |
| ARTICLE III - Registered Agent, Regis   | stered Office, & Registered Agent's Signature:   |  |  |
| The name and the Florida street address of  | f the registered agent are:  |  |  |
| DAVID WILL  | LIAM HUGHLEY   |  |  |
| Name  |  |  |  |
| 2202  | 2 8TH ST   |  |  |
| Florida str   | eet address (P.O. Box NOT acceptable)  |  |  |
| PANAMA CIT  | ry, <sub>FL</sub> 32401  |  |  |
| City,   | State, and Zip   |  |  |
| liability company at the place designate registered agent and agree to act in this castatutes relating to the proper and comple accept the obligations of my position a | nd to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and is 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 Member MGRM DAVID WILLIAM HUGHLEY 916 HARNON AVE. PANAMA CITY, FL 32401 (Use attachment if necessary) ARTICLE V - EVVECTIVE DATE The effective date of this Company shall be NOVEMBER 1, 2004. NOTE: An additional article must be added if an effective date is requested.

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

DAVID WILLIAM HUGHLEY
Typed or printed name of signee

Filing Fees:

ADD ARTICLE

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

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)