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(Requestor's Name)			
(Address)			
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TRANSMITTAL LETTER

Division of Corpora	BERT BRI	PDA	0	
SUBJECT: Sout	MERN C	INCRETE, LL		
	(Name of Limited	d Liability Company)		
The enclosed Articles of Orga	inization and fee(s) are st	ubmitted for filing.		
Please return all corresponder	ace concerning this matte	er to the following:		
Rob	ert F	SRADY Name of Person		
	^	,		
DBA: <u>Souther</u>		DRETE, LL	C	
	(Firm/Company)		
22	NE Gi	Ibert Ct		
		(Address)		
,	0-1	F1 2005		
LA	It City	/State and Zip Code)	7.7 VIEW 18	,
	City	bad and tap occor		ند ز
For further information conce	rning this matter, please	call:	<u> </u>	<u>ئ</u> د ،
01 101 7	2251	0-1 010	, 1102 mg =	Q
KOBERT R	SILIKO Y	at (384) 19-((Area Code & Daytime Te	Janhone Number	7. T.
(Name of Pe	rson)	(Alea Code & Dayume 10	Epilone Wantson,	U.
Enclosed is a check for the	following amount:		·	
	\$130.00 Filing Fee & rtificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee. Certificate of Status &	
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)	}
COMP PARM		MARI INC. AT	DDDECC.	

STREET ADDRESS:

TO:

Registration Section

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

ROBERT BRADY				
Southern Concre	TE, 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:			
221 NE Cilbert Ct LAILE City FI 32055	TAVE CITY FI 32055			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:				
	ERT CT ess (P.O. Box NOT acceptable) FL . 32055			
liability company at the place designated in th registered agent and agree to act in this capacity.	ccept service of process for the above stated limited is certificate, I hereby accept the appaintment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and			
x Klat Bu	ered agent as provided for in Chapter 608, F.S.			
Registered Agent's	signature gr			

(CONTINUED)

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:
MER	ROBERT BRADY DAIL HE COLLEGE CT LAKE CTY FI 32055
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	r f

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.)

Typed or printed name of signee

Filing Fees:

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

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