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SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE (Requestor's Name)IALLAHASSEE, FLORIOA			
(Address)	50005		
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL (Business Entity Name)	06/09/05		
(Document Number)			
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06/09/05--01016--011 **155.00

TRANSMITTAL LETTER

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TO: Registration Section 2005 JUN -9 P 3: 03 Division of Corporations SECRETARY OF STATE TALLAHASSEE, FLORIDA PAVERS US, LLC (Name of Limited Liability Company) The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ERNESTO E. PRIETO (Name of Person) MANAGER OF PAVERS (Firm/Company) 15048 SW 173st TERRACE (Address) MIAMI, FL 33187 (City/State and Zip Code) For further information concerning this matter, please call: ERNESTO E PRIETO (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for the following amount: ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & **S** \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 **MAILING ADDRESS:**

(additional copy is enclosed)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

FILED

ARTICLE I - Address:

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

Principal Office Address:

15048 SW 173st TERRACE

MIAMI, FL 33187

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

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

ERNESTO E. PRIETO

PRIETO

Name

15048 SW 173st TERRACE

Florida street address (P.O. Box NOT acceptable)

MIAMI FL 33187

City, State, 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..

Registered Agent's Signature

(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:

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"MGR" = Manag "MGRM" = Mar					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
MGR				TO E. P					•
		. 34	MIAMI,	W 173st FL 331		E			
MGRM		•	NICHO	LAS QUA	RANTA				
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(Use attachment	if necessary)				·				
NOTE: An add		nust be a	dded if an ei	fective dat	e is reques	sted.			
REQUIRED SIG	GNATURE:								

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.)

ERNESTO E. PRIETO
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)