105000084294

	(Requestor's Name)
	(Address)
	(Address)
	(Cit. (Chata IZ in III))
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
•	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
•	
Special Instructions	to Filing Officer:
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Office Use Only



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TALLAHASSEE, FLORID

105-84294 CR

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: DJS CONCYCTE 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:
Billy J. Williams (Name of Person)
BJ's Concrete LLC. (Fign (Company)
798 Transley Dr. E.
JAY FA. 3222 (City. State and Zip Code)
For further information concerning this matter, please call:
Billy T Williams at (904) 378-8280 BC (Area Code & Daytime Telephone Number) BS 8
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee SCERTIFICATE OF STATUS SCENTIFICATE
STREET ADDRESS: Registration Section Registration Section Registration Section

Registration Section
Division of Corporations
409 L. 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 1 - Name: The name of the Limited Liability Company is:	
BJ's concret	e LLC.
ARTICLE II - Address: The mailing address and street address of the princ	ipal office of the Limited Liability Company is
Principal Office Address:	<u> Mailing Address:</u>
798 Trambley Or.E. TAX. FIA 32251	798 Trambley Dr.E. JAX. FIA.
ARTICLE III - Registered Agent, Registered O	ffice, & Registered Agent's Signature:
The name and the Florida street address of the region of t	$\frac{V: \prod MMS}{S: (P.O. Box NOT acceptable)}$
City, State, and Having been named as registered agent and to accominability company at the place designated in this registered agent and agree to act in this capacity. I statutes relating to the proper and complete performancept the obligations of my positival as registered. Registered Agent's Signature of the proper and complete performance of the obligations of the proper and complete performance of the obligations of the proper and complete performance of the obligations of the proper and complete performance of the perform	ept service of process for the above stated limited certificate, I hereby accept the appointment as further agree to comply with the provisions of al marke of my duties, and I am familiar with and edogent as provided for in Chapter 608, F.S
(CONTINUE.	05 AUG 25 TÄLLÄHASSE

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	Name and Address:
"MGRM" - Managing Member MGRM"	BILLY J WILLIAMS 798 Trambley Dr. E. JACKSONVILLE FT. 32221
(Use attachment if necessary)	
NOTE: An additional article must b	be added if an effective date is requested.
REQUIRED SIGNATURE: Signature of a member	or an authorized representative of a member.
(In accordance with sect	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury
B:11x	T Williams ed 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)

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