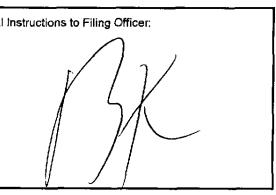
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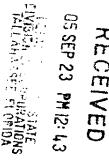


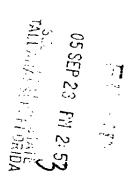
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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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			Art of Inc. File  LTD Partnership File  Foreign Corp. File  L.C. File
			L.C. File
			Art. of Amend. File
			Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing
			Certificate of Good Standing  Certificate of Status  Certificate of Fictitious Name  Corp Record Search
Signature			Officer Search Fictitious Search Fictitious Owner Search
Requested by	9/23		Vehicle Search Driving Record UCC 1 or 3 File
Name Note In	Date  NEW Pirak Up	Time	UCC 11 Search  UCC 11 Retrieval

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY In compliance with Chapter 608, F.S.

### ARTICLE I NAME

The name of the Limited Liability Company is: RAMER EXCAVATING, L.L.C.

### ARTICLE II **ADDRESS**

ASSERVE PORTERS The mailing address and street address of the principal office of the Limited Liability

Company is:

Principal Office Address: 36622 CHRISTIAN ROAD DADE CITY, FL 33523

Mailing Address: PO BOX 1018

DADE CITY, FL 33526

# REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

The name and Florida street address of the registered agent are: TIM NEWLON 12146 CURLEY ROAD, SAN ANTONIO, FL 33576

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.

2017-0 Registered Agent's Signature

# ARTICLE IV MANAGER(S) OR MANAGING MEMBER(S)

The name and address of each Manager or Managing Member is as follows:

Title:

Name & Address:

**MGR** 

MATT RAMER 36622 CHRISTIAN ROAD, DADE CITY, FL 33523

## REQUIRED SIGNATURE

Şignature of member or authorized representative of member

(In accordance with §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.)

# MATT RAMER

Typed or printed name of signee