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Florida Department of State

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LIMITED LIABILITY COMPANY

Concrete Block LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Com	pany is:
Concrete Block LLC	
Affirst and with the words "Timited Liability Compa	my, "Limited Company" or their abbreviation "LLC," or "L.C.,")
College from 11121 11211 1121 112111 1121 11211 11211 11211 11211 11211 11211 11211 11211 11211 11211 11211 11211	,,, ,
ARTICLE II - Address:	
The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
07 N. 029 Whispering Trails	Same
St. Charles, IL 60174	
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address CT	own Registered Agent. You must designate an individual or another s of the registered agent are: Corporation System
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address C.T.	own Registered Agent. You must designate an individual or another s of the registered agent are: Corporation System Name
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address C. T. 1200 S. Florida	own Registered Agent. You must designate an individual or another s of the registered agent are: Corporation System Name South Pine Island Road
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address C. T. 1200 S. Florida	own Registered Agent. You must designate an individual or another s of the registered agent are: Corporation System Name South Pine Island Road a street address (P.O. Box NOT soceptable)
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address 1200 s Florida Plan Ci Having been named as registered agentability company at the place design registered agent and agree to act in this statutes relating to the proper and con	own Registered Agent. You must designate an individual or another s of the registered agent are: Corporation System Name South Pine Island Road a street address (P.O. Box NOT acceptable) station, Florida 33324 ity, State, and Zip at and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all implete performance of my duties, and I am familiar with and
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address 1200 s Florida Plan Ci Having been named as registered agentiability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my positio	s of the registered agent are: Corporation System Name South Pine Island Road a street address (P.O. Box NOT soceptable) station, Florida 33324 ity, State, and Zip at and to accept service of process for the above stated limited nutted in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all
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(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address 1200 s Florida Plan Ci Having been named as registered agentability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my positio	s of the registered agent are: Corporation System Name South Pine Island Road a street address (P.O. Box NOT soceptable) station, Florida 33324 ity, State, and Zip at and to accept service of process for the above stated limited nutted in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all implete performance of my duties, and I am familiar with and in as registered agent as provided for in Chapter 608, F

(CONTINUED) Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address	s of each i	Manager or Ma	naging Membe	r is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Mem	ber
MGRM	Raftiei Caballero, Sr.
	07 N 029 Whispering Trails
	St. Charles, IL 60174
	ıl.
	, <u>, , , , , , , , , , , , , , , , , , </u>
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Use attachment if necessary	•
(40- 110111111111111111111111111111111111	'
ARTICLE V: Effective date, if other (If an effective date is listed, the date to or 90 days after the date of filing.)	than the date of filing: (OPTIONAL) c must be specific and cannot be more than five business days prior)
REQUIRED SIGNATURE	
•	The state of the s
	hu Sila
	nu st

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.)

Kathloen Scallan, representative

Typed or printed name of signee

Filing Feer:

\$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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