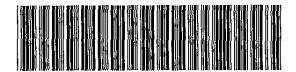
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## **COVER LETTER**

Division of Cor	porations		
SUBJECT: Kein	4 Single-tan (Name of Limite	dba Superior d Liability Company)	- Concrete & Ma:
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all correspo	ondence concerning this matte	er to the following:	
Keith	Singleton	Name of Person)	
	verior Concre	ete & Mason Firm/Company)	rry LLC
	Brevard	S4.	OS JAI
Tallar	1955ee Fl	. 32304	HASSE T
	/ (City	/State and Zip Code)	FIS E
For further information c	oncerning this matter, please	call:	22
Keith S.	ingleton of Retson)	at (	-5630 elephone Number)
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	L
Superior Concr (Must end with the words "Limited Liability Comp	rete & Masonry L L C pany, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
603 Brevard St	603 Browned St.

**ARTICLE I - Name:** 

lallahassee, H.

The name of the Limited Liability Company is:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Tallahassep, F

Keith Singleton

Name

603 Brevard St

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

Tallahassre FL 32304

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 Signatur (REQUIRED)

(CONTINUED) Page 1 of 2

The name and address of each Manager	or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM $MGRM$	Keith Singleton 603 Brevard St Tallahassee, Fl. 32304
<del></del>	
	O6 JAN SEGRET TALLIAH
	SSR 3- FO A
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date	re of filing: $1-31-06$ (OPTIONAL)
	pecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	~
Signature of a member or	an authorized representative of a member.
of this document constitute that the facts stated hereing the facts stated hereing the facts are the facts and the facts are the	n 608.408(3), Florida Statutes, the execution is an affirmation under the penalties of perjury in are true.)  A P-FOM  Of printed name of signee

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

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)