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COVER LETTER

Division of Corporations	
SUBJECT: Sohnson's Concrete and Mason (Name of Limited Liability Company)	nary "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:	
Stevie O Johnson	
(Name of Person)	<i>?</i> *
Stevie D Schnson (Name of Person) Johnson's Concecte and Ma (Firm/Company)	sonary
(Firm/Company)	•
190 fountain Rd (Address)	
Havana fla 32333 (City/State and Zip Code)	
(City/State and Zip Code)	
E. Carlo, information agreeming this matter plants call.	
For further information concerning this matter, please call:	
Stevice Sohnson at (850) S (Name of Person) (Area Code & Day	19-5224
(Name of Person) (Area Code & Day	time Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\int \\$130.00 Filing Fee & \$\int \\$155.00 Filing Fe \\ Certificate of Status Certified Copy (additional copy is enclosed)	Certificate of Status &
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Ctreet/Courier A Registration Sect Division of Corporations Clifton Building Tallahassee, FL 32314 Tallahassee, FL	ion porations Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jahnson's	Concrete and	Masonary "UC"	
(Must end with the words	"Limited Liability Company, "Lim	ited Company" or their abbreviation "LLC,"	or "L.C.,")
ARTICLE II - Ad The mailing addres		orincipal office of the Limited Lia	bility Company is:
Principal Office A	ddress:	Mailing Address:	
190 Found Howanas	ain Rd 1a 32333	190 Sountain 1 Havana Flor	<u>5733</u> 3
(The Limited Liability Co		ed Office, & Registered Agent's istered Agent. You must designate an individ	
The name and the l	Florida street address of the	registered agent are:	SE(SEC
	5terie 5 shr	•	MAR 10 CRETARY
	Nam	е	HSS HHA OI
	196 fountai	n Rd	
	Florida street a	ddress (P.O. Box NOT acceptable)	
	Havana	FL 32333	2: 48 2: 48 STATE 1. ORNO
	City, State		>

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 Struature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manage "MGRM" = Mana		Name and Addre	<u>ss:</u>			
MGRM	_	Stevie 190 Four Howard	Schnson Intain Rd E Fla 3233	53		
			<i>y</i> -			
	_					
(Use attachment if		te of filing:	(OPTIO	NAL	1
If an effective date is listed or 90 days after the day	ed, the date must be s	pecific and cannot b	e more than five bu	isiness	days i	orior
<u>required</u> sig	NATURE:					
	Signature of a member of this document constitute	on 608.408(3), Florida S tes an affirmation under	tatutes, the execution	SECRETARY O	06 MAR 10 F	and the second s
	that the facts stated here Shewice Types	ein are true.) 5 Shn600 d or printed name of sig	nee)F STATI FLORII	PH 2: 48	

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

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)