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	Registration Se Division of Cor				
SUBJEC	т: <u>5 ир</u>	Name of Limited	C CAN M950K I Liability Company)	Dary LLC	
The enclosed Articles of Organization and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	711			•	
	11/00	MCC GILMO	Name of Person)		
Thursice Gilmore (Name of Person)					
SUPTEME CONCrete and Maxonary LL.C. (Firm/Company)					
1304 #F/berta Dr. (Address)					
Tallahassee Fla 32304 (City/State and Zip Code)					
		(City/	State and Zip Code)		
Car forth	ou information	aanaamina thia matter Islanca	coll:		
rortum	er information	concerning this matter, please	Call,		
			at ()(Area Code & Daytime To		
	(Name	of Person)	(Area Code & Daytime To	elephone Number)	
Enclose	d is a check fo	or the following amount:			
			S155 00 Eiling Foo &	\$160.00 Filing Fee,	
□ \$125.€	oo ruing ree	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy	Certificate of Status &	
•			(additional copy is enclosed)	Certified Copy (additional copy is enclosed)	
		Mailing Address Registration Section	Street/Courier Addres Registration Section	<u>s</u>	
		Division of Corporations	Division of Corporatio	ns	
		P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center	Circle	
		rananassee, PL J2314	Tallahassee, FL 32301	Choic	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
SUPREME CONCRETE AND (Must end with the words "Limited Liability Company, "Limited	BRICK MASONARY L.L. C. d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
1304 ELBERTA DR	
TALL FL 32304	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re-	egistered agent are:

MAURICE GILMORE

Name

1304 ELBERTA DR

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

TALL FL 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 Signature (REQUIRED)

(CONTINUED) Page 1 of 2 ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

MAURICE GILMORE

13.04 FLBERTA DR

TALLAHASS EF FL 322304

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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.)

MAURICE GILMORE
Typed 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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