## 1000012001

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(D. days 5.3% Max)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
<u></u>					
Special Instructions to Filing Officer:					
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Office Use Only



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## **COVER LETTER**

TO:	Registration Sec Division of Cor						
erno re	.cr. We	Cart It Cement			e e a management		
3000	SUBJECT: VVE CART IT CEMENT (Name of Limited Liability Company)						
The en	closed Articles of	Organization and fee(s) are so	ubmitted for filing	•			
Please return all correspondence concerning this matter to the following:							
	Henry E. B	Browder, III					
	(Name of Person)						
	We Cart It	Cement					
		(	Firm/Company)				
	19563 NW SR 16						
			(Address)	,			
	Starke, F	L 32091			<del></del>		
	(City/State and Zip Code)						
For further information concerning this matter, please call:							
Lex	Green		at ( 904	364-802	26		
	(Name	of Person)		& Daytime Te	elephone Number)		
Enclos	sed is a check fo	r the following amount:					
□ \$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy)	y	\$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	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporation uilding centive Center ee, FL 32301	ns		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	y is:	
We Cart It Cement, LLC.		
Must end with the words "Limited Liability Company,"	Limited Company" or their abbreviation '	"LLC," or "L.C.,")
ARTICLE II - Address:		
The mailing address and street address of the	he principal office of the Limite	ed Liability Company is:
_		
Principal Office Address:	Mailing Address:	
19563 NW SR 16	19563 NW SR 16	
Starke, FL 32091	Starke, FL 32091	
The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Lex Green		i individual or another
	Name	
45505 115 404 4		
15565 NE 16th Ave	. If JOD D NOT	-1
Florida stre	et address (P.O. Box NOT acceptable	e)
Starke,	FL 32091	
City, S	State, and Zip	
Having been named as registered agent an liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as	d in this certificate, I hereby acc pacity. I further agree to comply ete performance of my duties, an	ept the appointment as y with the provisions of all d I am familiar with and
Juo 2	202	O6 JUN SEGAE
(CON	Šignature (REQUIRED)  ITINUED) e 1 of 2	N 16 PH 2: 1

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGR M	Henry E. Browder 19563 NW SR 16 Starke, FL 32091		
(Use attachment if necessary)			
ARTICLE V: Effective date, if other the	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior		
REQUIRED SIGNATURE:			
Signature of a	Member or an authorized representative of a member.		
(In accordance of this document	with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury stated herein are true.)		

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)

Henry E. Browder III
Typed or printed name of signee