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COVER LETTER

Division of Corporations
SUBJECT: Can Concrete (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:
Candelaño Salais (Name of Person)
C+n Concrete
AZ92 Bristal Huju ARE B
(Address) ASSET TO THE CONTROL OF T
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (\$50) \$19-988) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
ρ \$125.00 Filing Fee ρ \$130.00 Filing Fee & ρ \$155.00 Filing Fee & ρ \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability Company, "Limited	ed Company" or their abbreviation "LLC," or "LC.,")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
Discourte 32351	Same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the reached area Name	egistered agent are: AHASSEF
Florida street add Du'. nu City, State, a	Iress (P.O. Box NOT acceptable) FL 3335

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)

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Mer	nber
-MOR	2797 Bristol Huy Quincy Fr 32351 Cardelario Salais
MORM'	2010 Bristal Huy 200 8 Quiary, Fr 32351 FF P
1 0 J	
	ORD -
(Use attachment if necessary	y)
CLE V: Effective date, if other effective date is listed, the	er than the date of filing: (OPTIONAL date must be specific and cannot be more than five business
CLE V: Effective date, if other	er than the date of filing: (OPTIONAL date must be specific and cannot be more than five business f filing.)
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of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)