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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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J. BRYAN DEC -. 7 2006

COVER LETTER

Division of Corporations			
SUBJECT: UNITED CONCRETE 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:			
Joseph Austin			
(Name of Person)			
United Concrete LLC			
(Firm/Company)			
9832 WADESboro Rd			
(Address)			
TALLAHASSEE Florida 32317			
(City/State and Zip Code)			

For further information concerning this matter, please call:

SONIA M. Thomas at (850) 656-9471

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

ρ \$125.00 Filing Fee ρ \$

TO:

Registration Section

ρ \$130.00 Filing Fee & Certificate of Status

\$155.00 Filing Fee & Certified Copy
(additional copy is enclosed)

ρ \$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 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 Company" or their abbreviation "LLC," or "LC,"
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address: Mailing Address:
TALLAHASSEE FLA. 32317
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:
9832 WAdesboro Rd
Florida street address (P.O. Box <u>NOT</u> acceptable) A A ASSEE FL 323/7 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

	RTICLE IV- Manager(s) or Manager	
i	he name and address of each Manager (or ivializating ivientoer is as follows:
	itle:	Name and Address:
	MGR" = Manager MGRM" = Managing Member	
	mgrm	Joseph Austin
_1		9832 WADESboro Rd
		TA ! A . 7 / A 328/7
4	ng RM	Jose Miguel Ocompo
		Q111 NC4 Fla 32351
	m G Rm	The Said Garage
	<u> </u>	P.O. BOX 1570 GUZMAN
		QUINCY, 7/A. 32351
	and the second s	
_		
J)	Jse attachment if necessary)	
ARTICL	E V: Effective date, if other than the dat	te of filing: (OPTIONAL)
(If an eff	ective date is listed, the date must be	specific and cannot be more than five business days
prior to o	r 90 days after the date of filing.)	
~		
<u>R</u>	EQUIRED SIGNATURE:	
	Signature of a member or	an authorized representative of a member.
		608.408(3), Florida Statutes, the execution
	of this document constitute that the facts stated herejt	s an affirmation under the penalties of perjury are true.)
	Joseph A	tustin
	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)