0000121159	
(Requestor's Name) (Address) (Address)	600082448106
(City/State/Zip/Phone #)	12/20/0601020008 **125.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 06 DEC 20 AM 11:02 SECTE TARY OF STATE TALLAHASSEE, FLOFIDA
Office Use Only	

.. . .

December 13, 2006

Florida Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: FILING OF ARTICLES; POZZOLAN-USA, LLC

Enclosed, please find for filing the Articles of Organization for Pozzolan-USA, LLC. Please file these at your first convenience.

Ð,

The fees for filing these articles are enclosed, along with sufficient funds to cover the registered agent fees. Therefore, a check is enclosed for \$125.00 to pay the fees for this entire transaction.

)6 DEC 20 AM 11: 02

FILED

If there are any questions or concerns, please call me.

Thank you,

Pozzolan-USA, LLC

Eric D. Abel General Counsel

Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: Pozzolan-USA, LLC.

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

495 W. Ted Williams Ct. Hernando, Florida 34442

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Eric D. Abel, Esq. 495 W. Ted Williams Ct. Hernando, Florida 34442

Hernando, Florida 34442 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.

FILEO

Registered Agent's 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.)

alph L. Abel, Member

ARTICLE IV – Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: **Title:**

Manager

Jose Luis Acero 495 W. Ted Williams Ct. Hernando, Florida 34442

Manager

Ralph L. Abel 495 W. Ted Williams Ct. Hernando, FL 34442

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 Ralph L. Abel, Member (In accordance with section 608.408(3), Florida Statutes, the execution of this document

FILED