Division of Corporations Public Access System

## Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973

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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## D. CONCRETE PUMPING SERVICES LLC

Certificate of Status	0
Certified Copy	1
Page Count	93
Estimated Charge	\$155.00

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FAX NO. :3052201440

Dec. 29 2006 09:13AM P2

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COM	PANY STO
ARTICLE I - Name: The name of the Limited Liability Company is:	# 9. STATE
D: Concrete Pumping Services LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")	34 5

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:	
140 NE 172 Street North Miami, FZ 33162	140 NE 170 St. North Miani FL 33162	and the second s
		فاستعها إهدار بروسا الدارية الدينا ال

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:

Einos	Sepul	veda	
Name			
140 1	VE 172	street	
Florida street address (P.O. Box NOT acceptable)			
North	Miami F	33162	
-	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)
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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager		Name and Address:
"MGRM" = Manag	ing Member	Doris Seculveda  140 NE 173 Street  North Mani, 12 33162
(Use attachment if n		
RTICLE V: Effective date	e, if other than the date L, the date must be spe	of fling: (OPTIONAL) cific and cannot be more than five business days prio
<u>REQUIRED</u> SIGN	ATURE:	
<del>5</del> 1	mature of a member or 1	as authorized representative of a member.
(l)	n accordance with section of this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution an affirmation under the censities of pariory
Flung Fees:	• • • • • • • • • • • • • • • • • • •	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 5 30.00 Certified Copy (Optional)
5 5.00 Certificate of Status (Optional)

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