# L0700009390

(Requestor's Name)	
(Address)	
, ,	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Duninger Entity Name)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
•	

Office Use Only



600084563236

01/25/07--01010--025 \*\*125.00

FILED 07 JAN 25 PM 1:54

RECEIVED

# **COVER LETTER**

TO:

TO:	Registration S Division of Co			
SUBJE	:cт:		part Concrete, d Liability Company)	LLC
The end	closed Articles o	of Organization and fee(s) are s	ubmitted for filing.	
Please 1	return all corresp	oondence concerning this matte	er to the following:	
-		ARRY J. S	Name of Person)	
-	4	ARRY Stew	ART CONCR	ete LLC
-	P.O.	Box 579	74	
-	TAlla	hassee =	(Address) 32314	1-5794
•	.:		/State and Zip Code)	
For furt	her information	concerning this matter, please	call:	
7	ARRY	Stewart	at (859) 745-	-284/
	(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclose	ed is a check for	or the following amount:		
\$125	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

WHRIRY DIEWART CONCRETE L	<u>- L C</u>
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation	on "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Lim	ited Liability Company is:
Principal Office Address: Mailing Address:	
16355 Mallaud Trace Dr. Post Office F 1911ahassee, Fi 30312 TA 11ahassee 32314-579	5794 71.
ARTICLE III - Registered Agent, Registered Office, & Registered Agent. You must designate business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
LARRY J. Stewart	O7 ALI
Name	
6355 Malad Trace Dr.	FILI JAN 25 CKE JARY LAHASSE
Florida street address (P.O. Box NOT accepta	
1416 hasry FL 32312	<i>∴</i>
City, State, and Zip	1: 54 Tate Oridi
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..

(CONTINUED) Page 1 of 2

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

"MGR" = Manager "MGRM" = Managin "Manager	g Member	LARRY Stewart 16355 MAHland Thate Dr. Tullahasser 71. 32312.	<del></del>
Use attachment if ne	cessary)		

**ARTICLE V:** Effective date, if other than the date of filing: \_ (If an effective date is listed, the date must be specific and cannot be more than five business days prior 👍 to or 90 days after the date of filing.)

### **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.)

# 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)