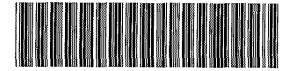
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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

TO: Registration Se Division of Co				
SUBJECT:	N- G Con C	tete		
	(reanic of Ellinic	a Liaomiy Company)		
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
Gera	12 Johns	(Name of Person)		-
		(Name of Person)		'*.
		(Firm/Company)	\$	
109	frean s	(Address)		<u>ئىسىر مۇد</u> ئەتىرىد
	•	(Address)		-
Havo	mna fla.	3233 y/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	'
	(City	visiale and Zip Code)		
For further information	concerning this matter, please	call:		
Geral &	Johnson of Person)	at (\$50) 25 (Area Code & Daytime	1-2423. Telephone Number)	
Enclosed is a check for	or the following amount:			`,
ρ \$125.00 Filing Fee	ρ \$130.00 Filing Fee & Certificate of Status	ρ \$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	Street/Courier Addre	<u>ess</u>	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
C-W- G Concrete (Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC,	," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
109 Meran St. Havan		Same
		* * * * * * * * * * * * * * * * * * *
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		
The name and the Florida street address of the re	egistered agent are:	
Cresals 3	chasen	
109 McCan Filorida street add	ress (P.O. Box <u>NOT</u> acceptable)	
Havana City, State, a	FL 32337	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capaci all statutes relating to the proper and complete and accept the obligations of my position as reg	his certificate, I hereby accept t ity. I further agree to comply w e performance of my duties, and	the appointment as with the provisions of d I am familiar with
Gentle Car	mm	
Registered Agent's Agnati	are (REQUIRED)	O7 HAR 30 AM 10: SEURE PARY OF OF TALLAHASSEE, FLO
(CONTIN	UED)	AN I
Page 1 of 2		<u> </u>

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

	le: GR" = Manager GRM" = Managing Member	Name and Address:	**
M	CRM	Gerald Johnson 109 Mécan St Havada Pla. 32333	,
	<u></u>		Designation of the second of t
	<u> </u>		r <u>oga</u> , <u>O</u> , svenin svaka i sind i meden grigsvaden kelkalari
	and the second 		
ARTICLE	ctive date is listed, the date must be	te of filing: (OPTIONAL specific and cannot be more than five busine	
-	90 days after the date of filing.) <u>QUIRED</u> SIGNATURE:		
	Signature of a member of	Jan authorized representative of a member.	
	of this document constitute that the facts stated herein	a 608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury are true.) Scholor Scholor or printed name of signee	
	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)