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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
| Special instructions to Filling Officer. | | | | |
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Office Use Only



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SECRETARY OF STATIONS DIVISION OF CORPORATIONS

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: RC 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: |
| Robert Carnbba (Name of Person) |
| PC Concrete LLC (Firm/Company) |
| 17 Hidden Cove |
| Lake Placial FL. 33852 FORE (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| For further information concerning this matter, please call: Robert Carubba at 863 441-5765 (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$ Certificate of Status \$\bigcup \\$ (additional copy is enclosed) \$\bigcup \\$ (additional copy is enclosed) \$\bigcup \\$ (additional copy is enclosed) |
| Mailing Address Registration Section Street/Courier Address Registration Section |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Nam | ie: | | • | | |
|------------------------------|--|--|---------------------------------------|-----------------------|------------------|
| The name of the Lii | mited Liability Comp | any is: | | | |
| RC | Concrete | LLC | | | |
| (Must end with the words | "Limited Liability Company | y, "Limited Company | " or their abbreviation | "LLC," or "L.C.,") | |
| ARTICLE II - Add | dress: | | | | |
| The mailing address | s and street address o | f the principal of | ffice of the Limite | ed Liability Com | pany is: |
| Principal Office A | ddress: | Mailin | g Address: | | |
| 17 Hidden Lake Pla 338 | Cove scicl, FL. | | 33852 | Cove | D |
| (The Limited Liability Co. | egistered Agent, Reg mpany cannot serve as its ov ctive Florida registration.) | istered Office, of win Registered Agent. | & Registered Ag You must designate an | individual or another | |
| The name and the F | lorida street address Robey f | of the registered | agent are: | | CRETARY OF CORPO |
| | | Name | | | |
| | Lake Ac | treet address (P.O. | E Box <u>NOT</u> acceptable | c) | 7: 46 |
| | • | - • | | | |

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

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

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

| <u>Title:</u> "MGR" = Manager | Name and Address: |
|--|---|
| "MGRM" = Managing Member MGR | Robert Carnella 17 Hidden Cove 10te Piccicl, FL. 33852 |
| MOR | Dwight Smith 278 shoreline BR Lake Placid. FL. 33852 |
| | OF MAY 16 |
| | 16 PM 1: 46 |
| (Use attachment if necessary) | • |
| ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be s to or 90 days after the date of filing.) | nte of filing: (OPTIONAL) specific and cannot be more than five business days prior |
| REQUIRED SIGNATURE: | Curall |

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.)

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)