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(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
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Office Use Only



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DEPARTIENT OF STATE OF STATE

COVER LETTER

TO:	Registration Se Division of Co				
SUBJI	ест:	NCRETE (Name of Limite	MASTERS ed Liability Company)	<u>. </u>	
The en	closed Articles o	f Organization and fee(s) are s	submitted for filing.		
Please	return all corresp	ondence concerning this matte	er to the following:		
	ERI	c GAINE	FS.		
			(Name of Person)		
				warreg	
		. , , , , , , , , , , , , , , , , , , ,	(Firm/Company)	07, LLC	
	834	W DELA	WAREST	JUN -	1
			(Address)	ASS.	-
	TALL	FCA 3	WAREST (Address) 2304	PH 2	
		(Cit	y/State and Zip Code)	315. ORI	***
For fu	ther information	annagening this matter whose	anlle	O'A	
roi iui	ther information	concerning this matter, please	can.		
			at ()(Area Code & Daytime		
	(Namo	e of Person)	(Area Code & Daytime	Telephone Number)	
Enclo	sed is a check f	or the following amount:	•		
ρ \$125	5.00 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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addr. Registration Section Division of Corporati Clifton Building 2661 Executive Cente	ons	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CONCRETE MASTERS LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE I - Name:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
834 W DEZAWAREST TALL, FLA. 32304	+ SAME	
	7	
business entity with an active Florida registration.)	tegistered Agent. You must designate an individual or another	
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the ERIC GA	tegistered Agent. You must designate an individual or another	

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)

City, State, and Zip

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	ERIC GAINES 834 WDGRAWARE ST TAU., FLA. 32304
	TALL
·	HASSEE FLOI
	ne date of filing: (OPTION st be specific and cannot be more than five business
REQUIRED SIGNATURE:	
Eric	ber or an authorized representative of a member.

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)

JA (NES
Typed or printed name of signee