

LB8000021196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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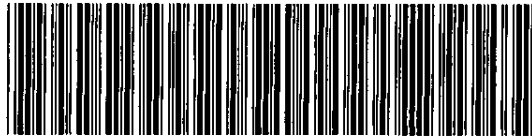
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION  
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LB8-9351

G. MCLEOD  
FEB 28 2008  
EXAMINER

**COVER LETTER**

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **CONCRETE PROTECTION AND RESTORATION OF FLORIDA 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:

**JACQUELINE L. ALLEN**

(Name of Person)

**SAUL EWING LLP**

(Firm/Company)

**500 EAST PRATT STREET, SUITE 900**

(Address)

**BALTIMORE, MARYLAND 21202**

(City/State and Zip Code)

For further information concerning this matter, please call:

**JACQUELINE L. ALLEN**

(Name of Person)

at ( **410** ) **332-8651**

(Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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DIVISION OF CORPORATION

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**CONCRETE PROTECTION AND RESTORATION OF FLORIDA LLC**

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

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

6787 DOGWOOD ROAD  
BALTIMORE, MARYLAND 21226

6787 DOGWOOD ROAD  
BALTIMORE, MARYLAND 21226

**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:

**CT CORPORATION SYSTEM**

Name

**1200 SOUTH PINE ISLAND ROAD**

Florida street address (P.O. Box NOT acceptable)

**PLANTATION, FLORIDA 33324**

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.*

*[Signature]*  
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:

**Title:****Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGRMMICHAEL K. O'MALLEY  
8737 DOGWOOD ROAD  
BALTIMORE, MARYLAND 21228MGRMDON F. CAPLE  
8737 DOGWOOD ROAD  
BALTIMORE, MARYLAND 21228  
  
  
  
  
  

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(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 606.408(3), Florida Statute, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Michael K. O'Malley  
Typed or printed name of signer**Filing Fees:**

- \$135.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)