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Special Instructions	to Fi	ling C	Officer:				

Office Use Only

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CALL AHASSEF. FI ORIF

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D. BRUCE

OCT 5 2009

EXAMINER

COVER LETTER

Registration Section

TO:

Division of C	Corporations					
SUBJECT:		eservation and Repair	LLC			
	Name of Limi	ted Liability Company				
The enclosed Articles	of Organization and fee(s) are	submitted for filing.				
•		_				
ricase return an corres	spondence concerning this mat	tter to the following:				
	Jaso	n Ryan Bousquet				
		Name of Person				
	Concrete Pre	eservation and Repair LLC				
		Firm/Company				
	5607	' Piper Glen Blvd				
	3097	Address		\sum_{G}		
					09 00	Hen
		nville, Florida 32222		En P		Printer
		ty/State and Zip Code		SEY E	7	
	E-mail address: (to be used	son@cpr-llc.us for future annual report notification)	·	11 <u>0</u>	<u></u>	П
For further information	n concerning this matter, pleas	e call:		ORA ORA	H: 53	-
	. comocing and mason, promo	- Carr.	Š	DE.	င်း	
	n Bousquet		13-4925			
Name	e of Person	Area Code & Daytime Tele	phone Number			
Enclosed is a check f	for the following amount:					
7 \$125.00 Filing Fee	\$130.00 Filing Fee &	\$155.00 Filing Fee &]\$160.00 Filing	Fee		
	Certificate of Status	Certified Copy	Certificate of	Status	&	
		(additional copy is enclosed)	Certified Cop (additional copy		sed)	
	Mailing Address	Street/Courier Address				
	Registration Section Division of Corporations	Registration Section				
	P.O. Box 6327	Division of Corporations Clifton Building				

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Nat The name of the L	me: imited Liability Cor	mpany is:	
(M	Concrete Prese	ervation and Repair LLC .imited Liability Company," "L.L.C.," or "LLC.")	-
ARTICLE II - Ad The mailing address		s of the principal office of the Limited Liability	Company is:
Principal Office A	Address:	Mailing Address:	
Jason Bousques 5697 Piper Glen Jacksonville, Flo	Blvd	Jason Bousquest 5697 Piper Glen Blvd Jacksonville, Florida 32222	- - -
(The Limited Liability C	egistered Agent, R ompany cannot serve as it active Florida registration.	Registered Office, & Registered Agent's Signat ts own Registered Agent. You must designate an individual or af a.)	09 O
The name and the	Florida street addres	ss of the registered agent are:	CI-2
	Lav	wrence Bousquet	70
	· · ·	Name	
	5214	4 Birkenhead Road 골) :53 MF
	Florida street ad	ddress (P.O. Box NOT acceptable)	ာ ယ
	Jacksonville,	32210 FL	
	Ci	ity, State, and Zip	
liability compa registered agent ar statutes relating	ny at the place designd agree to act in thito the proper and cogations of my position	ent and to accept service of process for the above signated in this certificate, I hereby accept the appoint is capacity. I further agree to comply with the proportion of the performance of my duties, and I am familie on as registered agent as provided for in Chapter 6 ent's Signature (REQUIRED)	ntment as visions of all ar with and

Page 1 of 2

رماه الراج من

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Me	Name and Address: ember
MGEM	JASON BOUSquet SEGT Piper Glon Blvd. JACKSONVIIE, FI. 32222
(Use attachment if necessa	•
ffective date is listed, the d	ner than the date of filing: 09/29/2009 . (OPTIONA ate must be specific and cannot be more than five business day ug.)
days after the date of filin	
REQUIRED SIGNATUR	THE S
REQUIRED SIGNATURES Signature (In accord of this do	of a member or an authorized representative of a member. ance with section 608.408(3), Florida Statutes, the execution cument constitutes an affirmation under the penalties of perjury acts stated herein are true.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)