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Special Instructions to	Filing Officer:	

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S. HAWKES

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Ronnie Smith Concrete Name of Limited Liability Company	LLC
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following: Name of Person	
Firm/Company	
1630 Balkin Rd. Lot # 118 Tallahassee, FL 32305	
Tallahassee, FL 32305 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at () Name of Person	one Number
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Cir	cle
Tallahassee, FL 32314 Zoo7 Executive Center Cir	OIC .

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: 1630 Balkin RJ. Lot#118 Same Tallahassee, FL 32305
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: Name Name
Florida street address (P.O. Box NOT acceptable) Tallahassee FL 32305 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MARM	Ronnie Smith 1630 Balkin Rd Lot #118 8 Tallahassee FL 32305 22 73
·	EB-FLORIDA TORRIDA
(Use attachment if necessary)	
	an the date of filing: (OPTIONAL)
n effective date is listed, the date n	nust be specific and cannot be more than five business days prior
n effective date is listed, the date n	nust be specific and cannot be more than five business days prior
n effective date is listed, the date n r 90 days after the date of filing.) <u>REQUIRED</u> SIGNATURE:	nust be specific and cannot be more than five business days prior Annel Smith

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)