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(Requestor's Name)			
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(City/State/Zip/Phone #)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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SSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: RAS CONCVETE (Name of Resulting Florida Limited Company)				
The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.				
Please return all correspondence concerning this matter to:				
Harvey Jenkins				
R+S Concrete Services USa Fre (Firm/Company)				
11031 Country Days Ln				
Talahassee, 71 32305 (City, State and Zip Code).				
For further information concerning this matter, please call:				
(Name of Contact Person) at (\$50) 251-2501 (Area Code and Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$150.00 Filing Fees (\$25 for Conversion & \$1155.00 Filing Fees and Certificate of Status (\$25 for Articles of Organization)				
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Harry Pumping Selver LLC
(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
11031 (ountry oakt Un 11031 Country oakt C TOIL, 71 32305 Tall, 71 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 Cokrus Florida street address (P.O. Box NOT acceptable) Florida street address (P.O. Box NOT acceptable) 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

(CONTINUED) Page 1 of 2

Agegistered Agent's Signature (REQUIRED)

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	•
MGRM_	Harrex Jenkins 11031 Country Oakt un
	Tall, 71 32305
	-
	
 	
	
	(Use attachment if necessary)
ARTICLE V: Effective date, if other than the c	late of filing:
	(OPTIONAL)
(The effective date: 1) cannot be prior to no document is filed by the Florida Departmen	
the effective date listed in the attached Ce date is listed therein.)	rtificate of Conversion, if an effective T
REQUIRED SIGNA/TURE:	
	SIAT LORI
Signature of a member or an auth	norized representative of a member.
- / /	•
	08(3), Florida Statutes, the execution rmation under the penalties of perjury ed berein are true)
<u> </u>	ed name of signee
/ Typed or printe	ed 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)

Page 2 of 2