Division of Corporations	OCOSSERVE Florida Department of State
·· ·· ·	Division of Corporations
	Electronic Filing Cover Sheet

Page 1 of 1

TI HAY 17

NN 8: 1

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000133877 3)))



H110001338773ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

والمراجع بمنابع المقاسمان فنفت الجريف المستجدين والروين فرووا وال

To:

....

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. TILTCRETE USA, LLC

Certificate of Status	0
Certified Copy	
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

3:29

F

ίr.

RECEIVED

σ

Corporate Filing Menu

Help

N. Culligan WAY 1 & 2014

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TILTCRETE USA, LLC

Z S S F

AM 8:

ARTICLE I - Name The name of the Limited Liability Company is:

TILTCRETE USA, LLC

ARTICLE II – Address The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office and Mailing Address: 17015 SW 83ⁿ⁰ Ct Palmetto Bay, FL 33157

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 succet address of the registered agent are:

Timothy Streeter 17015 SW 83rd Court Palmetto Bay, FL 33157

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.F..

gistered Agent's-Signature (REQUIRED)

(Continued)

ARTICLE IV - Manager(s) or Managing Member(s) The name and address of each Manager or Managing Member is as follows:

<u>Title and Name and Address:</u> Timothy Streeter 17015 SW 83¹¹ Court Palmetto Bay, FL 33157

a state and a state of the

F

. P

ARTICLE V: Effective date, if other than the date of filing: May 17, 2011. (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: /

Nembo Client's Name and Title

(in accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware the any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Member langMa Client's Name and Title

DIVISION OF CO

ATIONS

11 MAY 17 AN 85 素1