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Certified Copies	Certificates	of Status		
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COVER LETTER

	gistration Section vision of Corporations			
SUBJECT:	Big Johnson Concrete Placemen	nt, LLC		
SUBJECT:	Name of Limited	Liability Compa	any	·
Dear Sir or	Madam:			
The enclose	ed Statement of Authority and fee(s) are submi	tted for filing.		
Please retur	n all correspondence concerning this matter to	the following:		
Joshua E	Bynum			
	Name of Person			
Big John	nson Concrete Placement, LLC			
	Firm/Company			
782 SW	Pine Tree Lane			
	Address			
Palm Cit	ty FL 34990			
	City/State and Zip Code			₩ Na
jacob@t	oigjohnsonconcreteplacement.com			ŽOTO JUN SLOGE //
E-	-mail address: (to be used for future annual rep	ort notification))	AS N
For further	information concerning this matter, please cal	i:		28 SSEE
Joshua	Bynum	772	263-8040	
	Name of Person	Area Code	Daytime Telepho	ne Number

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited lia authority:				
FIRST: The name of the limited liability company is: Big Johnson Concrete Placement, LLC				
SECOND: The Florida Document Number of the limited liability	ity company is: L12000161147			
THIRD: The street address of the limited liability company's p 782 SW Pine Tree Lane				
Palm City, FL 34990				
The mailing address of the limited liability company' PO BOX 340	s principal office is:			
Palm City, FL 34991				
FOURTH: This statement of authority grants or sets limitation position of a person in a company, whether as a member, transfer person on the following: 1. May execute an instrument transferring real proper a. Granted to: Jacob Bynum	rty held in the name of the company.			
	POTE JUN 28			
2. May enter into other transactions on behalf of, or a . Granted to:	in the second se			
b. No authority granted to:				
<u></u>	Joshua Bynum			
Signature of authorized representative Filing Fee: Certified Conv. 5	Typed or printed name of signature \$25.00			