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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Carter Concre Name of Limit	ete Works ed Liability Company	
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
	Russell	Carter	
		Name of Person	
	Carter Con	ncrete Works Firm/Company	
		Firm/Company	
	P. O. 1	3 ox 251	
		Address	
	Calvary	GA 39829	
,	Cit	GA 39829 y/State and Zip Code	
	Russel	1 Car fer LLC ab 6. mor future annual report notification)	ail Com
	E-mail address: (to be used f	or future annual report notification)	TASE -
For further information	concerning this matter, please	call:	
Lou Arm C	Carter	at (229) 872 -	SECRETARY OF STANDALLAHASSEE FLOO
Name	of Person	Area Code & Daytime Telep	hone Number
Enclosed is a check for	or the following amount:	or future annual report notification) call: at (229) 872 - Area Code & Daytime Telep	STATE STATE
ॳ \$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	•

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Carter Concrete	e works LLC	
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	_
ARTICLE II - Address:		
The mailing address and street address of the pi	rincipal office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	
6430 Hwy 111s .	P.O. BOY 251	
6430 Hwy 111s . Calvary GA 89829	P.O. BOY 251 Calvary 6 A 39829	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)		
The name and the Florida street address of the	registered agent are:	13 141 141
Park	Good GA	13 JUL 23 SECRETAR ALLAHASS
Name	Goodson	2
		RY C
2 66.2 Florida street ad	F. Airbanks Ferry Rd, dress (P.O. Box NOT acceptable)	F S F S
	dress (P.O. Box NOT acceptable) FL 32333 tate, and Zip	3 AM 5: 50 RY OF STATE SSEE FLORIDA

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

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 "MGRM" = Managing Member	Name and Address:		
MGRM	Russell Cater Po Box 25/ Calvary, GA 39P29	·	
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must b prior to or 90 days after the date of filing.)	ate of filing: (OPTIO	NAL) iness days	
REQUIRED SIGNATURE:	U Cata	SECRE TALLAH	sagr
	- Gar	TASK RASK	1161377
(In accordance with section 608.40 constitutes an affirmation under the lam aware that any false information constitutes a third degree felony as	Oscil Carter Russell Carter Corporated prince of a member. Oscil Carter Corporated prince of a member. Oscil Carter dorprinted name of signee	N AH 5: 50 NY OF STATE SEE FLORIDA	
Турес	d or printed 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)