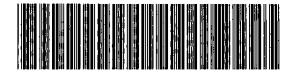
L14000016990

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

Office Use Only



200255861632

01/27/14--01026--021 **130.00

2014 JAN 27 PM 3: 40

JAN 29 2014 T CLINE (850) 245-6051.

COVER LETTER

TO:

Registration Section
Division of Corporations

URBECT: ULTIMATE PAVING AND CONSTRUCTION, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LONNIE M. GANDY

Name of Person

ULTIMATE PAVING AND CONSTRUCTION, LLC

Firm/Company

389 POLITE DR

Address

ENTERPRISE, FL 32725

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LONNIE M. GANDY

,407 、2

256-9638

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

S160.00 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liabi	lity Company is:	
ULTIMATE PAVING AND CONSTRUC	CTION,LLC	
(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 L	iability Company is:
Principal Office Address:	Mailing Address:	
389 POLITE DR	389 POLITE DR	
000 1 02112 011	* · · · · ·	
ENTERPRISE, FL 32725	ENTERPRISE, FL 32725	la Signatura.
ARTICLE III - Registered A	gent, Registered Office, & Registered Agent's serve as its own Registered Agent. You must designate an indiv	
ARTICLE III - Registered A (The Limited Liability Company cannot shusiness entity with an active Florida re	gent, Registered Office, & Registered Agent's serve as its own Registered Agent. You must designate an indiv	vidual or another
ARTICLE III - Registered A (The Limited Liability Company cannot shusiness entity with an active Florida re	egent, Registered Office, & Registered Agent's serve as its own Registered Agent. You must designate an indiversity and the segment of the se	vidual or another
ARTICLE III - Registered A (The Limited Liability Company cannot shusiness entity with an active Florida re	egent, Registered Office, & Registered Agent's serve as its own Registered Agent. You must designate an indiversity and the registered agent are:	vidual or another
ARTICLE III - Registered A (The Limited Liability Company cannot shusiness entity with an active Florida re	egent, Registered Office, & Registered Agent's serve as its own Registered Agent. You must designate an indiversity address of the registered agent are: LONNIE M. GANDY	vidual or another
ARTICLE III - Registered A (The Limited Liability Company cannot shusiness entity with an active Florida re	egent, Registered Office, & Registered Agent's serve as its own Registered Agent. You must designate an indiversity address of the registered agent are: LONNIE M. GANDY Name	vidual or another
ARTICLE III - Registered A (The Limited Liability Company cannot shusiness entity with an active Florida re	egent, Registered Office, & Registered Agent's serve as its own Registered Agent. You must designate an indiversity address of the registered agent are: LONNIE M. GANDY Name 389 POLITE DR	vidual or another

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:

"MGRM" = Ma	anaging Member		
MGR		LONNIE M. GANDY 49%	
		389 POLITE DR	
		ENTERPRISE, FL 32725	
MGRM		BRIAN D. TISDALE 51%	
		389 POLITE DR	
		ENTERPRISE, FL 32725	
			···
			
(Use attachmen	nt if necessary)		
CLE V: Effective date is	e date, if other than is listed, the date mer the date of filing	the date of filing: (Coust be specific and cannot be more than five.)	OPTIONAI
CLE V: Effective ffective date is or 90 days after	e date, if other than is listed, the date mer the date of filing	nust be specific and cannot be more than fiv	e business
CLE V: Effective ffective date is or 90 days after	e date, if other than is listed, the date mer the date of filing	ust be specific and cannot be more than fiv	e business

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)