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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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	A. LUNT	
•	Office Use On	ly



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COVER LETTER

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TO: Registration Section Division of Corporations	
SUBJECT: BOSS LA DY CONCRA	K. Co
Name of Limite	d Liability Company
The enclosed Articles of Organization and fee(s) are so	ubmitted for filing.
Please return all correspondence concerning this matter	r to the following:
Mary LA Twock	Name of Person
Boss L	Ady Concret Cu
	Firm/Company
5801 Chearmater A	200
	Address
Rensula Flor	ida 32505
Pensucia 4-lor City/ Mary LATward & G-mail. Cus E-mail address: (to be used for	State and Zip Code The state
For further information concerning this matter, please	call:
Many A Truvo 2 at (& A	rea Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\simes \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 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	2#
ARTICLE 1 - Name: The name of the Limited Liability Company is:	2814 SEP 18
DOS CANY CONCREATE CO ZZ C	
(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 Liability Company is:	AH 8: 00
Principal Office Address: 5801 Cleurunter Aun Same as other Pensucia Fla 32505	
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 individuant another business entity with an active Florida registration.)	ual or
The name and the Florida street address of the registered agent are:	
Kicky ATWWC Name	
Name	
SGU) Clewwater pur	
Florida street address (P.O. Box NOT acceptable)	
Pensacola FL 32505 City Zip	
City 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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:		
"AMBR" = Authorized Member	22		
"MGR" = Manage" AMBR	MARY L. ATNOUL	برا 10 نفي سخو	200
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(Use attachment if necessary) CLE V: Effective date, if other than the deffective date is listed, the date must be	late of filing: SEP+ 16 . 2 014 . (O.)	PTIONAL) nys prior to or 90	0 days
` * *	late of filing: SEP+16, 2014 (O	PTIONAL) ays prior to or 90	0 days
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Page 2 of 2

\$ 5.00 Certificate of Status (Optional)