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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL ·
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filina Officer:	
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Office Use Only

EFFECTIVE DATE

OCT 02 2014 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FORTERRA LLC Name of Limited Liability Company (only the first letter 15 upper Case) The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rachelle Farinholt Name of Person
Forterra LLC
Firm/Company
397 Navy Cove Blvd.
/ Address
Gulf Breeze FL 32561 City/State and Zip Code
rfarinholt@aol.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rachelle Farinholt at (850) 733-9680 Name of Person Area Code Daytime Telephone Number
- 1985년 - 1985 - 1985년 - 1985
Enclosed is a check for the following amount:
\$125.00 Filing Fee Status Signature of Status

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

A Dimitor In a second control of the second			
ARTICLE 1 - Name: The name of the Limited Liability Company is:			
Forterra 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 Liability Company is:			
Principal Office Address: Mailing Address:			
397 Navy Cove Blud 397 Navy Cove Gulf Breeze Florida 35561 Florida, 3256	. <u>Bl</u> v	d	
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 another business entity with an active Florida registration.)	individua	al or	
The name and the Florida street address of the registered agent are:			
Rachelle Farinholt			
Name			
Name 397 Navy Cove Blvd Florida street address P.O. Box NOT acceptable)			
riorida street address (r.o. Box <u>No.1</u> acceptable)			
Gulf Breeze FL 32561			
Having been named as registered agent and to accept service of process for the above stated limited the place designated in this certificate, I hereby accept the appointment as registered agent and d			
capacity. I further agree to comply with the provisions of all statutes relating to the proper and co	mplete pe	rforma	ince
of my duties, and I am familiar with and accept the obligations of my position as registered agent Chapter 605. F.S	as provia	ted for	in
Dochelle Farinholt			
Registered Agent's Signature (REQUIRED)		h	
(CONTINUED)	ALL AL	4 51	
Page 1 of 2	:	SEP 2	
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Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager	Parkalla Fani	1- h -	<i>/</i> +
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AMBR	397 Navy Cove	jnho Blvc	?/(_, _,
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(Use attachment if necessary)			
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