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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: EXCEL Stone + CONCRETE 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:
Steven Ross Name of Person
Name of Person
Excel STONE + CONCRETE
Firm/Company
5431 OATCS AUC Address
Port Ontage FL. 32/27 City/State and Zip Code E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steven Ross at 412 537-3040 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\begin{array}{c} \text{\$\subseteq} \$\sub
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 Liability Company	is:
EXCE STONE (Must end with the words "Limited Lie	+ Con crete LLC ability 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:
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of th	e registered agent are:
Florida street address (P	OATES AUE OBOX NOT acceptable)

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

	The name and address of each person authorized to manage and control the Limited Liability Company:			
	Title: "AMBR" = Authorized Member	Name and Address:		
	"MGR" = Manager	Bteven ROSS 5431 OATCS AVE PORT ORANGE FL. 32127		
				
	(Use attachment if necessary)			
(If an	CLE V: Effective date, if other than effective date is listed, the date multiple days after the date of filing.)	the date of filing: (OPTIONAL) ast be specific and cannot be more than five business days prior		
ARTI	CLE VI: Other provisions, if any.			
ARTI	CLE VI: Other provisions, if any.			
ARTI	CLE VI: Other provisions, if any.			
ARTI	CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	- m AM		
() () [REQUIRED SIGNATURE: Signature of a mem In accordance with section 605.0203 constitutes an affirmation under the p am aware that any false information	ber or an authorized representative of a member 3 (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are trite, submitted in a document to the Department of State.		
() () [Signature of a mem In accordance with section 605.0203 constitutes an affirmation under the p am aware that any false information constitutes a third degree felony as pr	ber or an authorized representative of a member 3 (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true, submitted in a document to the Department of State,		

· ARTICLE IV-

Page 2 of 2