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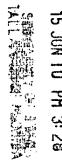
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: **Registration Section Division of Corporations** CTR Epoxy and Concrete Restoration, 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: Alan Burton Name of Person CTR Epoxy and Concrete Restoration, LLC Firm/Company 237 Lake Tarpon Drive Address Palm Harbor, FL 34684 City/State and Zip Code alan@ctrepoxy.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Alan Burton Name of Person Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & 55.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & Certificate of Status (additional copy is enclosed) 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 Limit	ted Liability Company is:					
C	TR Epoxy and Concre	te Resto	ration, LLC			
(Must end with the words "Limited	d Liability Co	ompany, "L.L.C.," or	· "LLC.")		
ARTICLE II - Addre The mailing address a	ess: nd street address of the principal o	office of the I	Limited Liability Cor	mpany is:		
Principal Office Add	ress: Mail	ing Address	<u>:</u>			
237 Lak	e Tarpon Drive		237 Lake Tarpon D	Drive		
Palm Ha	rbor, FL 34684		Palm Harbor, FL 3	4684	•	
· 						
(The Limited Liability another business entit	stered Agent, Registered Office, Company cannot serve as its own y with an active Florida registration rida street address of the registered Alan E	n Registered on.) d agent are:			dual or	r ,.
	Nam	e			\equiv	· li
	237 Lake Ta	arpon Driv	re		0	F
	Florida street address (P.O. Bo	x <u>NOT</u> acce	ptable)		₽	Charles T
	Palm Harbor	FL	34684		ယ္	As and
	City		Zip		28	
the place designat capacity. I further a	as registered agent and to accept so ed in this certificate, I hereby acce agree to comply with the provisions am familiar with and accept the of Chap	pt the appoin s of all statute	tment as registered a ss relating to the prop my position as registe	gent and agree to er and complete	o act ii perfoi	n this rmance

(CONTINUED)
Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	<u>'</u>
"MGR" = Manager	
AMBR	Alan Burton
	237 Lake Tarpon Drive
	Palm Harbor, FL 34684
AMBR	
AMBR	
E V: Effective date, if other the extive date is listed, the date m	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 9
E V: Effective date, if other the ective date is listed, the date m f filing.)	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 9
EV: Effective date, if other the ective date is listed, the date m f filing.)	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 9
(Use attachment if necessary) E V: Effective date, if other that extive date is listed, the date most filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 9
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ARTICLE IV-