(Red	uestor's Name)	
(Add	iress)	
(Add	Iress)	
(City	/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates of	Status
Special Instructions to F	filing Officer:	,
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2-15-15-1

COVER LETTER

TO:	Registration Section Division of Corporations
	American Unlimited Concrete and Masonry, LLC.
SUBJI	
	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Shannon D. Adams
	Name of Person
	American Unlimited Concrete and Masonry, LLC.
	Firm/Company
	1219 51 Ave East Lot 131
	Address
	Bradenton FL 34203
	City/State and Zip Code fishnfool74@gmail.com
	E-mail address: (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:
	Shannon D. Adams 941 243-8644
	at () Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
\$125 .0	\$130.00 Filing Fee & Sertificate of Status Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(112001 2110 11	ith the words "Limited L	LC. iability Company	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	lress of the principal offi	ce of the Limited	Liability Company is:	
<u>Principal</u>	Office Address:		Mailing Address:	
1219 51 Ave East Lot	131	<u>1219</u>	51 Ave East Lot 131	
Bradenton FL 34203		<u>Brad</u>	nton FL 34203	
The Limited Liability Company canother business entity with an act	annot serve as its own Retive Florida registration.)	egistered Agent. \		or
ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an act	annot serve as its own Retive Florida registration.)	egistered Agent. \		[A
(The Limited Liability Company canother business entity with an act	annot serve as its own Retive Florida registration.) Idress of the registered as Shannon D. Adams	egistered Agent. \		[A
The Limited Liability Company canother business entity with an act	annot serve as its own Retive Florida registration.) Idress of the registered as Shannon D. Adams	egistered Agent. \) gent are: Name		[A
(The Limited Liability Company canother business entity with an act	annot serve as its own Retive Florida registration.) Idress of the registered as Shannon D. Adams	egistered Agent. Y) gent are: Name	ou must designate an individual	15 JUN 30
(The Limited Liability Company canother business entity with an active name and the Florida street ad	annot serve as its own Retive Florida registration.) Idress of the registered at Shannon D. Adams 1219 51 Ave East Lot 1 Florida street address (1)	egistered Agent. Y gent are: Name 31 P.O. Box NOT ac	ou must designate an individual	15 JUN 30 AH
(The Limited Liability Company canother business entity with an active name and the Florida street ad	annot serve as its own Retive Florida registration.) Idress of the registered as Shannon D. Adams 1219 51 Ave East Lot 1	egistered Agent. Y) gent are: Name	ou must designate an individual	15 JUN 30

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

		Name and Address:
"AMBR" = Author		
"MGR" = Manage		
MGR/Owner		Shannon D. Adams
		1219 51 Ave East Lot 131
		Bradenton FL 34203
	····	
•		
EV: Effective date ective date is listed of filing.)	e, if other than the date of , the date must be speci	filing: June 26, 2015 fic and cannot be more than five business days prior to or 90 date the applicable statutory filing requirements, this date will not be
E V: Effective date ective date is listed of filing.) The date inserted inment's effective date. E VI: Other provisions.	this block does not meet on the Department of ons, if any.	fic and cannot be more than five business days prior to or 90 da et the applicable statutory filing requirements, this date will not be
E V: Effective date ective date is listed of filing.) The date inserted in ment's effective date. E VI: Other provision	this block does not meete on the Department of ons, if any.	fic and cannot be more than five business days prior to or 90 da et the applicable statutory filing requirements, this date will not be State's records.
ective date is listed of filing.) The date inserted in ment's effective date. E VI: Other provision. REOUIRED SIGNATURE CO. I a	s, if other than the date of state and this block does not med the on the Department of ons, if any. NATURE: Signature of a mem accordance with section astitutes an affirmation up a ware that any false in	fic and cannot be more than five business days prior to or 90 da et the applicable statutory filing requirements, this date will not be State's records.

ARTICLE IV-,