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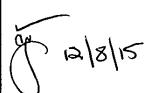




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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: South Florida Aggregate Trucking, 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:
LAZARO RAVELO  Name of Person
South Florida Assessed Trucking, LIC
3331 Wilson Blud Worth.
Naples FL 34/20 Lazo705@ Guail, com,
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Laz Rayelo at (239) 285-5800  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & 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  Tallahassee, FL 32301

EFFECTIVE DATE 11/27/15

\* \* \* .

ARTICLES OF ORGANIZATION FOR FLORIDAT	ZMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	FILED 15 DEC -1 FN 2:39
South Florida Ascre (Must end with the words "Limited Liability")	rate trucking LLC THE STATE
ARTICLE II - Address: The mailing address and street address of the principal office of the	Limited Liability Company is:
Principal Office Address: 3331 WILSON BLVD North Naples, FL 34120	Mailing Address:  3331 WI Ison BLVd DXH  Noples, FL 34120.
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	red Agent's Signature: Agent. You must designate an individual or
The name and the Florida street address of the registered agent are:	
LAZARO RAJE	1 _
	<u> </u>
3331 Wilson	Blid, North
Florida street address (P.O. Box	NOT acceptable)
Na Dles A	FL 34120,
City State	Zip
Having been named as registered agent and to accept service of proce place designated in this certificate, I hereby accept the appointment as further agree to comply with the provisions of all statutes relating to the am familiar with and accept the obligations of my position are gistered Registered Agent	registered agent and agree to act in this capacity. I proper and complete performance of my duties, and I
(CONTI	NUED)

Page of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MBR.	LAZARO KAVELO
, , , ,	3331 Wilson Brud North
	Noples, FL 34/20,
	,
	Miles 1977-1984 (1977-1984)
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(Use attachment if necessary)	
(Ose attachment is necessary)	1 - 1
FICLE V: Effective date, if other than the date	of filing: 11/27/2015 (OPTIONAL)
document's effective date on the Department of	
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The name and address of each person authorized to manage and control the Limited Liability Company:

ARTIČLE IV-