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TO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARTMENT OF SEC.

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DEC 1 7 2015 S. GILBERT

COVER LETTER

Division of Corporations
SUBJECT: ARLA CULVERTS & TRAJOR WORK 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:
KIRKIANCI Lee Rea
Firm/Company
56375 Colby DR Address
CALLANAM F1 32011 KIRKIAMCIREA LO ADI COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
KIRK ReA at (904) 945-8777 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$130.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$130.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section New Filing Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

16 DEC 17 PM 2: 28

The name of the Limited Liability Company is:

SECRETARY OF STATE

Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
CAHANAN FLA 32011	56375 COLDY DRIVE CALLAMAN FL 32011

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 individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

KIRKIAMCI ReA

Name

56375 Colby Drive

Florida street address (P.O. Box NOT acceptable)

(Allaham H 32011

Having been named as registered agent and to accept service of process for the above stated linited 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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	KUDKIANIO Lee 120A
<u></u>	56375 COLDY DR
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ARTICLE IV-