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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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03-16-16.

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: D.A. ASPhalt Putching 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:				
Bradley Grayord				
Firm/Company				
2043 Pecan Ct				
Address				
Tallahassee FL 32303				
Bgrcgory 12808 Egmail. Com				
E-mail didress (1965) used for future annual report notification)				
For further information concerning this matter, preasonall:				
Bradley G. 11 850) 228-5886				
Name of erson Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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 FLORED A LIMITED MASILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: DA Asphalt Patching LLC	
(i4ust end with the words "Limited Hability 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: 3756 Grove Park Tallahassee, Fl 32511 Tallahassee, Fl 32311	
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.)	16 MAR
The name and the Florida street address of the registered agent are: Brace Green Green Name Plorida street address (P.O. Box NOT acceptable)	3.16 PH 1:23
Talahassee Fl 30303 City State Zip	
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated inalisis sortificate, I hereby accept the appointment as registered agent and agree to activating capacity. It 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 (REQUIDED)	
(CONTINUED)	

Page 1 of 2

	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
	"MGR" = Manager	· ·
•	► MGR	Bradley Gregory Jallahassee, Fl 323
		Just than tell rationasciff of
	•	
	· · ·	TO TO
,		
	(Use attachment if necessary)	
A DTTC		2/16/16
(If an e		d cannot be more than five business days prior to or 90 days after
	te of filing.) If the date inserted in this block does not meet the	applicable statutory filing requirements, this date will not be listed as
the do	cument's effective date on the Department of State'	s records.
ARTE	ELE VI: Other provisions, if any.	
	REQUIRED SIGNATURE:	\sim / \sim
	Bande	
	Signature of a member of	ran authorized representative of a member.
	This document is executed in ac	cordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State
	constitutes a third degree felony	as provided for in s.817.155.1.S.
	Bradler	1 Gregory
	Typec	for printed name of signee

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-