LUCODATA

(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



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COVER LETTER

	istration Section sion of Corporations			
	Big D	09 CONCRETE	Tunding	عاو
UBJECT:	 	mited Liability Company		-
he enclosed	Articles of Organization and fee(s) ar	re submitted for filing.		
lease return	all correspondence concerning this m	atter to the following:		
	1			
_		TORMAN		
		Name of Person	_	
	Consu	men Legal	Resources	of FL
_		Firm/Company		·····
	291/	UW 126 AJEN		
_	8/2/	Address	<i>702</i> 2	<u>.</u>
		Address		
	<u>C</u> e	nal Spaines	FL	33065
_	•	Lity/State and Zip Code		
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r further info	ormation concerning this matter, pleas	se call:		
	In Baco	561) 30	1-5/1/5	
			ephone Number	
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inclosed is a	check for the following amount:			
125.00 Fili		\$155.00 Filing Fee &	\$160.00 Fili	
	Certificate of Status	Certified Copy (additional copy is enclose	Certificate of Certified Co	
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	NA - Shirman A. A. A	St 4 4 3 3		
			ion	
	Division of Corporations	Division of Corp	porations	
	Mailing Address New Filing Section	(additional copy is enclos Street Address New Filing Secti	ed) Certified Co (additional cop ion porations	ру

Tallahassee, FL 32301

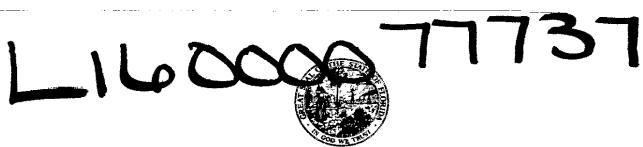
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	_				
The name of the Limited Liability			_		
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(Must end w	ith the words "Limite				
· ·		,		,,	
ARTICLE II - Address: The mailing address and street add	lress of the principal	office of the Li	mited Liability	Company is:	
<u>Principal</u>	Office Address:			Mailing Address:	
(499 S	. FEDERAL	Histoma -	1 4202		
Boyusto	J BEACH	EL			
	· · · · · · · · · · · · · · · · · · ·	<u>33</u> 435			
ARTICLE III - Registered Agen	t. Registered Office	. & Registered	l Agent's Signa	ature:	
(The Limited Liability Company ca	annot serve as its ow	n Registered A			ial or
another business entity with an act	tive Florida registrati	ion.)			
The name and the Florida street ad	dress of the registers	ed agent are:			
The name and the Preside Street ad		1		•	
	3921 Florida street addre	-10A /L	1. Too	m~	
	_	Name			
	<u> </u>	NU	IZG AJ	641E	
	Florida street addre	ess (P.O. Box N	OT acceptable)	
	Conol.	Springs	FL	33065	
	City	State		Zip	
Having been named as posistaned assistant	ant and to account com	uiaa of mua aaaa t	fan tha abawa at	atad limitad liabilita a	
Having been named as registered ag place designated in this certificate, I					
further agree to comply with the prov	visions of all statutes i	relating to the p	roper and com	plete performance of n	ny duties, and i
am familiar with and accept the oblig	zations of my position	l as registered a	igent as provide	ed for in Chapter 605,	F.S
		100-	/		
			_		
	Regis	tered Agent's S	Signature (REQ	UIRED)	
	/ _/				
ζ.		(CONTINU	JED)		
		(- - ,		
		Page 1 of	f2		

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<u>Citle:</u> AMDD# — Assals a min		Name and Address:
AMBR" = Authoria MGR" = Manager	zed Member	
With Wallage		ADAM FORMAN
AMBR	-7	3921 NW 126 AVENUE
		2921 NW 126 AVENUE CONAL SPRINGS, IFL 33065
		93063
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ARTICLE IV-



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 27, 2016

BIG DOG CONCRETE PUMPING LLC ADAM FORMAN 3921 NW 126 AVE CORAL SPRINGS, FL 33065

This is to advise you that on April 18, 2016, we filed your entity under the above name, which was not available.

Therefore, we request that you file an amendment, at no charge, to change the name of your entity to make it distinguishable from the existing entity. We have enclosed forms and guidelines for your assistance.

We apologize for this inconvenience and trust that you understand the urgency in completing this amendment, and returning it along with a copy of this letter to my attention as soon as possible.

If you have any questions, please call (850) 245-6052.

Sincerely,

Gina McLeod Regulatory Specialist II Supervisor New Filing Section

Letter Number: 016A00008563