

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CORP USA

Account Number : 072450003255 Phone : (305)634-3694

Fax Number : (305)633-9696

**Enter the email address for this business entity to be used for fittue annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. CONCRETE STRUCTURES INDUSTRIES, LLC

RECEIVED HAY -3 PH 4:

 Certificate of Status
 0

 Certified Copy
 1

 Page Count
 03

 Estimated Charge
 \$155.00

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Electronic Filing Menu

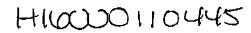
Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

ASU 9900

5/3/2016 SECONDE 80:01 9102/80/90 MAY - 4 2016





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE [- Name: The name of the Limited Liability Company is:	
CONCRETE STRUCT	FURES INDUSTRIES, LLC Liability Company, "L.L.C.," or "LLC.")
(white all will the words, Timeer	Likebing Company, Likebing of Lake.
ARTICLE II - Address: The mailing address and street address of the principal of	ffice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
999 PONCE DE LEON BLVD. SUITE 650 CORAL GABLES, FL 33134	SAME ENGINEERS AND
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	& Registered Agent's Signature: Registered Agent, You must designate an individual Spring.
The name and the Florida street address of the registered	agent are:
HIRAM D. C	CARIZ
Name	
	I TALLET AND ALLET AND
999 PONCE DE LEON Florida street address (P.O. Box	
CORAL GABLES	PL 33134
City	Zip
the place designated in this certificate, Literaby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obl	70 '
Page 1 of 2	

9696889908 80:01 9102/80/90

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Managar AMBR	CARMEN QUINTANA 999 PONCE DE LEON BLVD., SUITE 650 CORAL GABLES, FL 33134
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of	
the date of filing.)	70 7
ARTICLE VI: Other provisions, if any.	ORION
required signature:	
(In accordance with section 605.9 constitutes an affirmation under the	per or an authorized representative of a mamber. 203 (1) (b), Fiorida Statutes, the execution of this document to penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State s provided for in s.817.155, F.S.)
	CARMEN CUINTANA your or printed name of signee

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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)

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