16000087669

(Requ	uestor's Name)	
(Addr	ress)	
(Addr	ress)	
(City/	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Docu	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only

MAY 1 0 2016

T. SCOTT



100285524371





05/10/16--01005--009

COVER LETTER

	vision of Corporations	
SUBJECT:		PUMPING LLC indied Liability Company
The enclose	d Articles of Organization and fee(s) a	are submitted for filing.
Please return	n all correspondence concerning this r	natter to the following:
	Jose (Name of Person
	J.E.	· Concrete Punping Firm/Company
	85 wild	LVY KCY Ly Address
	Buincy	Fl 32351 City/State and Zip Code 862. 6Mail. Com
	E-mail address: (to be use	862. GMail. Comed for future annual report notification)
For further in	formation concerning this matter, plea	se call:
-	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$125.00 Fil	ing Fee \$\frac{130.00}{\text{Filing Fee & Certificate of Status}}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (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 2661 Executive Center Circle Tallahassee, FL 32301

· Cgr.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is	. 5:		
(Must end with the word	nevete F	umping	LLC
(Must end with the word	ls "Limited Liability	Company, "L.L.C.," c	or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	principal office of the	e Limited Liability Co	mpany is:
Principal Office Add	dress:	<u>N</u>	Tailing Address:
85 wild turk	24 67	54.4	næ ~as
QUINCY PL 3	2351		

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						_
	Jas	se	CY'	して	Flox	res
			Name			
Ç	35 (wil.	d	fur	key	Ln
Flo	rida stre	et address	(P.O.	Box NO	${f T}$ acceptable	:)
	Qu.	'NCI		FI	<u> </u>	32351
	C	ity	S	tate		Zip

Having been record as registered agent and to occept service of process for the above stated limited stability correctly at the place designal of the first certificate, I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relating to the proper and complete performing to find duties, and I am familiar with and complete performing to bligations 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	lose croz Flor
	Jose (102 Flora 85 Wild furkex In
	Quincy Ff 32351
fective date is listed, the date must of filing.)	e date of filing: OS-10-16 (OPTIONAL) be specific and cannot be more than five business days prior to or 90
LE V: Effective date, if other than the fective date is listed, the date must of filing.)	be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will not
LEV: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does uncent's effective date on the Depart LEVI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will not ment of State's records.
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does uncent's effective date on the Depart LE VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will not ment of State's records.
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does uncent's effective date on the Depart LE VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will not ment of State's records.
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ument's effective date on the Depart LE VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will not ment of State's records.
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ament's effective date on the Depart LE VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will not ment of State's records.
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ament's effective date on the Depart LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature 0	be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will not ment of State's records.
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ament's effective date on the Depart LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is I am aware that an	be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will not ment of State's records.
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does unsent's effective date on the Depart LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of This document is I am aware that an	s not meet the applicable statutory filing requirements, this date will not ment of State's records. The amember of an authorized representative of a member. executed in accordance with section 605.0203 (1) (b). Florida Statutes, y false information submitted in a document to the Department of State.
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does unsent's effective date on the Depart LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of This document is I am aware that an	a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b). Florida Statutes. y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

Page 2 of 2