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SECULIARY OF STATE

16 AUG -1 PH 1: 58

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	tegistration Section Division of Corporations
SUBJECT	L.A.L.S., LLC
	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	urn all correspondence concerning this matter to the following:
	Amy Mannix
	Name of Person
	Spreadsheets and Ledgers, LLC
	Firm/Company
	1709 North W Street, 2nd Floor
	Address
	Pensacola, Florida, 32505
	City/State and Zip Code concretethegulf@gmail.com
	E-mail address: (to be used for future annual report notification)
For further i	information concerning this matter, please call:
	Amy Mannix 850 2186482 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:
\$125.00 F	iling Fee \$\ \times \text{\$130.00 Filing Fee & Certificate of Status} \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \ \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \ \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \ \ \text{\$160.00 Filing Fee, 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 FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 AUG - | PM 1:58

L.A.L.S. Concrete Company, LLC

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

<u>Principal</u>	Office Address:		Mailing Address:	
1709 Dauphine Street		1709	1709 Dauphine Street	
Pensacola, FL 32534		Pens	Pensacola, FL 32534	
nother business entity with an act	tive Florida registrat	ion.)	You must designate an individual	
nother business entity with an act	tive Florida registrat	ion.)	Tournast designate an marvaux	
nother business entity with an act	tive Florida registrat	ion.)		
nother business entity with an act	tive Florida registrat	ion.) . ed agent are:	Tourist designate an individual	
another business entity with an act	tive Florida registrat dress of the register Erica Thomas 1709 . Dauphi	ion.) . ed agent are: Name		
another business entity with an act	tive Florida registrat dress of the register Erica Thomas 1709 . Dauphi	ion.) ed agent are: Name ine Street		

Having been named as registered agent and to accept service of process for the above stated limited 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:	Name and Address: 16 AUG - PH 1:
"AMBR" = Authorized Member "MGR" = Manager	SECRETARY OF ST TALLAHASSEE FLO
AMBR	Erica Thomas 1709 Dauphine Street
	Pensacola, FL 32534
<u> </u>	

(Use attachment if necessary) CLE V: Effective date, if other than the d	ate of filing:, (OPTIONAL)
CLE V: Effective date, if other than the defective date is listed, the date must be te of filing.)	specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
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CLE V: Effective date, if other than the deffective date is listed, the date must be te of filing.) If the date inserted in this block does not cument's effective date on the Department of th	specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed and of State's records.
CLE V: Effective date, if other than the deffective date is listed, the date must be te of filing.) If the date inserted in this block does not cument's effective date on the Department of th	specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed ent of State's records. The member of an authorized representative of a member. Secured in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State.

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)