

L16000214626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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16 NOV 28 PM 2:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

411 11/29/16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SPECIAL CONCRETE SOLUTIONS 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:

JUAN CARLOS FOSSI

Name of Person

SPECIAL CONCRETE SOLUTIONS LLC

Firm/Company

4301 S FLAMINGO Rd STE 106-179

Address

DAVIE FL 33330

City/State and Zip Code

JCFOSSI@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN CARLOS FOSSI 786 246-6691
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

16 NOV 28 PM 3:51

16 NOV 28 PM 3:51

November 9, 2016

JUAN CARLOS FOSSI
4301 S FLAMINGO RD STE 106-179
DAVIE, FL 33330

SUBJECT: SPECIAL CONCRETE SOLUTIONS LLC
Ref. Number: W16000076043

We have received your document for SPECIAL CONCRETE SOLUTIONS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 016A00024094

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SPECIAL CONCRETE SOLUTIONS LLC

(Must end with the words "Limited Liability 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:

4301 S FLAMINGO Rd Ste 106-179
DAVIE FL 33330

Mailing Address:

4301 S FLAMINGO Rd Ste 106-179
DAVIE FL 33330

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 of the registered agent are:

JUAN CARLOS FOSSI

Name

4301 S FLAMINGO Rd, Ste 106-179

Florida street address (P.O. Box **NOT** acceptable)

DAVIE

FL

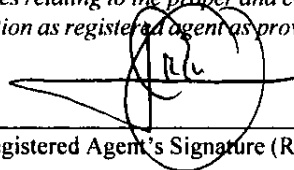
33330

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 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)

NOV 28 PM 2:23
STATE OF FLORIDA
TALLAHASSEE

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

RAFAEL FOSSI

MGR

JUAN CARLOS FOSSI

MGR

MARIANELA BRACHO

(Use attachment if necessary)

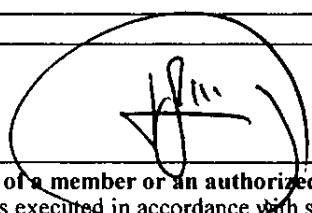
ARTICLE V: Effective date, if other than the date of filing: 11/11/2016. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

JUAN CARLOS FOSSI

Typed or 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)