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| (Requestor's Name) | | | | |
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| | | | | |
| (Address) | | | | |
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| (Address) | | | | |
| | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Daily a Fair News) | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| · . | | | | |
| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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J. FASON JUN 27 2017

COVER LETTER

TO:

New Filing Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| SUBJECT: Webb Concrete Phishing 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: | | | | | |
| Namon Webb Name of Person | | | | | |
| Webb Concrete Finishing LLC | | | | | |
| 1510 SE 121 Place | | | | | |
| Address | | | | | |
| Garnesville FL 3264/ | | | | | |
| Douglas 6464 @ Hot Mail. (o.m. | | | | | |
| 면-mail address: (to be used for future annual report notification) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| Name of Person Area Code Daytime Telephone Number | | | | | |
| Enclosed is a check for the following amount: | | | | | |
| \$125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) | | | | | |
| Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations | | | | | |

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | 0.000 | | 10.1 | | • * . | |
|---|-------|---|--------|---|--------------|-----|
| А | KI | L | , t. I | - | . \ a | me: |

The name of the Limited Liability Company is:

Webb Congre Finishing LLC
(Must contain 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: | Mailing Address: |
|-----------------------------|--------------------------|
| 1510 SE 127 Place | 1510 SE 1212 Place |
| Fig. 102 1118 (1) 3 > 1 (IT | Ganesville = 1 32/24/ |
| Games ville 25 23641 | (\$ 41/130111 F (326.4) |

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:

(webb)

Name

3713 SE14th terr

Florida street address (P.O. Box <u>NOT</u> acceptable)

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. Thereby 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)

17 JUI 23 AT 6: 37

| Title: "AMBR" = Authorized Member | Name and Address: NAMON WEBB 1510 GE 122 Place Gainsville, FL 3264/ | | | | |
|--|---|--|--|--|--|
| "MGR" = Manager MANAGER | | | | | |
| | | | | | |
| | | | | | |
| (If an effective date is listed, the date must be specif the date of filing.) | filing: 6-21-2017. (OPTIONAL) To 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 as | | | | |
| the document's effective date on the Department of S ARTICLE VI: Other provisions, if any. | | | | | |
| REQUIRED SIGNATURE: | | | | | |
| This document is executed I am aware that any false int constitutes a third degree fel | for an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S. | | | | |
| NAMON | Webb yped or printed name of signee | | | | |

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

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)

ARTICLE IV-