(Requestor's Name)				
(Address)				
(Address)				
(Addiess)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				





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## COVER LETTER

TO: New Filing Section Division of Corporations					
SUBJECT: Tri-Oval Asphalt Scalcoating HC 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:					
James REStes					
Name of Person					
Firm/Company					
3771 Constellation Ct					
Address					
Tallahassee, F1 323/2					
Tallahassee F/323/2  City/State and Zip Code  trioualasphaltsealcoating a grant com  E-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					
Traine of terson Area code Payante Petephone Planael					
Enclosed is a check for the following amount:					
S125.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certified Copy (additional copy is enclosed)					
Mailing Address Street Address					
New Filing Section New Filing Section					
Division of Corporations Division of Corporations					

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	ĸ	П	CI	LE	1 -	Name	:

The name of the Limited Liability Company is:

Toi-Oval Asphalt Seal Octing LLC."

(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.,")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:		
3221 Constellation Ct.	3221 Constellation Ct.		
Tallahossee, F132312	Totalossee, F132312		

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:

James R Estes

Name

3221 Constellation Ct

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

76-1/6/16550C, F1 32312 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 (REOUIRED)

(CONTINUED)

47 III 17 PM II: 00

Title: "AMBR" = Authorized Member "MGR" = Manager MGR"	Name and Address:  Tornes RESTES  3221 Constellation Ct  To-la-hasse, 7-1 32312
<del></del>	
If an effective date is listed, the date must be sp he date of filing.)	e of filing:
This document is exect I am aware that any fals constitutes a third degra	ember or an authorized representative of a member.  Ited in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State and Eleony as provided for in s.817.155, F.S.  Typed 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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)