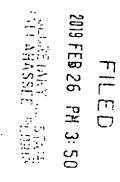
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(Reque	stor's Name)	
(Addres	ss)	
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(City/St	ate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)	·
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		

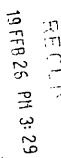
Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: MU/ICA Paving 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:
Eddic Mullen Name of Person
1296 MOSSWOOD Chase
The Lahassee Florida 32312 City/State and Zip Code Mullens Paving G. 6 mail. Com E-mail address: (to be used for future samual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certificate of Status (additional copy is enclosed) S125.00 Filing Fee & Certificate of Status Certificate of Status (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, Fl. 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	IC	l.ŀ.	1 -	Na	me:
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The name of the Limited Liability Company is:

(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:
17 96 moss would Chare	<u></u>
1611 1-1-32312	

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:

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

[MUnhassee FL 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 (REQUIRED)

(CONTINUED)

2019 FEB 26 PH 3: 51

The name and address of each person au	thorized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member	Name and Address:
MGR = Manager M B R	Richard Harrison 1507 Dagward Prive
*AMBR	Henescy Gariin 30144 Edic Mulen Thomas in Ln mechanics burg pa 17050
(Use attachment if necessary)	
(If an effective date is listed, the date must be sp the date of filing.)	ecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as of State's records.
This document is exect I am aware that any fals constitutes a third degree	ember or an authorized representative of a member. anted in accordance with section 605.0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State tee felony as provided for in s.817.155, F.S. 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)

. . . .

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)