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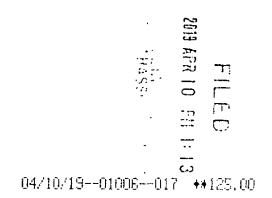
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Name of Limited Li	Concrete LLC ability Company
The enclosed Articles of Organization and fee(s) are submi	tted for filing.
Please return all correspondence concerning this matter to t	the following:
· Calvin S	e of Pelson
207/0 /00/00/1	and
_3076 honor!	Address
Tallahessee A	3230 (e and Zip Code
E-mail address: (to be used for futt	ure annual report notification)
For further information concerning this matter, please call:	
at l)
Name of Person Area Coc	
Enclosed is a check for the following amount:	
Certificate of Status	55.00 Filing Fee & S160.00 Filing Fee, crtified Copy (contained Copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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

ARTICLE	I - Name:	

The name of the Limited Liability Company is:

North Florida Concrete 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:
3076 honor Land Tallahisee FC 32301	Jame
Tallahrstee FC 32301	

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:

3076 ponor Cand

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

Talkhasee fl 32301

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)

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Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMESIZ	Calvin Singleton 3074 Mondr Land Tallahasse FL 32301
(Use attachment if necessary)	
he date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department (NRTICLE VI: Other provisions, if any,	of meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
REQUIRED SIGNATURE:	
This document is ex- 1 am aware that any t	member or an authorized representative of a member. ceuted in accordance with section 605.0203 (1) (b). Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. Typed or printed name of signee
\$125.00 Filling Fee for Articles of	Filing Fees: Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optiona \$ 5.00 Certificate of Status (Op	_{l)}