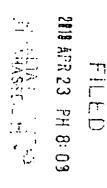
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Dependable Asphalt LLC Name of Limited Liability Company
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:
Wesley Thomas Name of Person
Name of Person
3705 Bently drive
3705 Bently drive
Tallahassee, Fl 32303  City/State and Zip Code  Toamay 850 yahoo. com
Toemay 85 ayahoo.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Westey Thomas (850), 273-3640  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status (additional copy is enclosed)  \$155.00 Filing Fee Certificate of Status (additional copy is enclosed)  \$160.00 Filing Fee. Certificate of Status & Certificat
Mailing Address  Street Address  Name William Street Stree
New Filing Section New Filing Section  Division of Corporations Division of Corporations  P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Dependable 1591	nalt LLC	
(Must contain the words "Limited Liability C	Company, "L.L.C.," or "L	LC.")
ARTICLE II - Address:	a. Uissitad Hability Camp	anvie
The mailing address and street address of the principal office of the	ie thinned thability comp	any is.
The mailing address and street address of the principal office of th  Principal Office Address:		ing Address:

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:

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Name

3705 Birthy drive

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

Talla hassee fl 32303

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)



Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
IMBP & MOP	Wisky Thomas 3705 Berthal dave Tallahasse A 52303
(Use attachment if necessary)	
ective date is listed, the date must be sp	e of liling:
ective date is listed, the date must be spof filing.) The date inserted in this block does not ment's effective date on the Department	need the applicable statutory filing requirements, this date will not be
ective date is listed, the date must be spot filing.) The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.  REQUIRED SIGNATURE:	need the applicable statutory filing requirements, this date will not be of State's records.
rective date is listed, the date must be spot filing.)  The date inserted in this block does not ment's effective date on the Department.  E. VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a magnetic department is executed any savare that any false.	need the applicable statutory filing requirements, this date will not be
rective date is listed, the date must be spot filing.)  The date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a many This document is exect I am aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not be not state in authorized representative of a member and authorized representative of a member at a member and accordance with section 605.0203 (1) (b). Florida Statutes, see information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.  Typed or printed name of signee
REOURED SIGNATURE:  Signature of a m  This document is exect 1 am aware that any false  Signatures a third degree  Was less.	meet the applicable statutory filing requirements, this date will not be not state is records.  The member of an authorized representative of a member and authorized representative of a member and accordance with section 605.0203 (1) (b). Florida Statutes, see information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees:  rganization and Designation of Registered Agent