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JEURETARY OF STATE
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## COVER LETTER

Division of Corporations	
SUBJECT: Best of the Best Concrete LLC Name of Limited Liability Company	
The enclosed Articles of Organization and feets) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Tyres L. Williams Name of Person	
2317 Green Timbers Trl. Apt: A	
Tallahassee Fl 32304  City/State and Zip Code  Tyres44Jesus@gmail.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	
Enclosed is a check for the following amount:  \$\int\{\text{S125.00 Filing Fee}\} \int\{\text{S130.00 Filing Fee}\} \int\{\text{Certificate of Status}\} \int\{\text{Certified Copy}\} \text{Certified Copy} \text{Certified Copy} \text{(additional copy is enclosed)} \text{Certified Copy} \text{(additional copy is enclosed)}	)
Mailing Address Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Best of the Best Concrete 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:
2317 Green Timbers Trl	
HOTIN TOLLOWSKYF	
3,73,94	

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:

2317 Green Timbers Tri Apt: A

Tallahasere Fla 32J04
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 3 Signature (REQUIRED)

(CONTINUED)

PERSTANT OF STATE

FILED

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	1'1'
MGR	Tyres L. Williams
	2317 Green Timbers Tol Apt A
	Talkhassee, Flc 32304
(Use attachment if necessary)	
ICLE V: Effective date, if other than the	e date of filing: (OPTIONAL)
ICLE V: Effective date, if other than the effective date is listed, the date must	e date of filing:
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CLE V: Effective date, if other than the effective date is listed, the date must note of filing.)  If the date inserted in this block doe ocument's effective date on the Depart of the CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signiture of This document is I am aware that an	s not meet the applicable statutory filing requirements, this date will not be liste timent of State's records.  If a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, by talse information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

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)