

L21000020951

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FL

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**CORPORATE  
ACCESS,  
INC.**

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236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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**WALK IN**

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- ☐ **CERTIFIED COPY** \_\_\_\_\_
- XX** **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- XX** **FILING** LLC \_\_\_\_\_

1. Concrete Coating Solutions, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

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**KLEIN & KLEIN, LLC**

Attorneys at Law  
40 Southeast 11<sup>th</sup> Avenue  
Ocala, Florida 34471

PHONE (352) 732-7750  
FAX (352) 732-7754

HARVEY R. KLEIN (1922-2003)  
H. RANDOLPH KLEIN  
FRED N. ROBERTS, JR.  
LAWRENCE C. CALLAWAY, III  
AUSTIN T. DAILEY

January 22, 2021

**TO: Registration Section  
Division of Corporation**

**RE: CONCRETE COATING SOLUTIONS, LLC**

**The attached Articles of Organization and fees are submitted for filing.**

**The following is the email address for the LLC:**

**wparker@onestop-flooring.com**

**For further information concerning this matter, please call**

**Joyce Henry at (352) 732-7750**

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

2021 JAN 22 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**CONCRETE COATING SOLUTIONS, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

2815 NW 21st Street  
Ocala, FL 34475

**Mailing Address:**

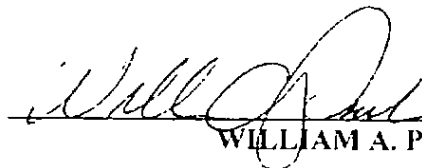
2815 NW 21st Street  
Ocala, FL 34475

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

WILLIAM A. PARKER  
2815 NW 21st Street  
Ocala, FL 34475

*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, Florida Statutes.*

  
WILLIAM A. PARKER

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each person authorized to manage and control the Limited Liability Company:

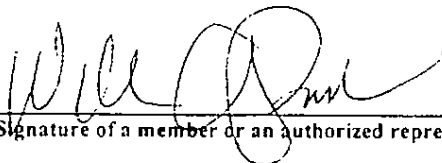
**Title:**

**Name and Address:**

"MGR"

WILLIAM A. PARKER  
2815 NW 21st Street  
Ocala, FL 34475

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

This document is executed in accordance with Section 605.0203(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in s.817.155, F.S.

**WILLIAM A. PARKER**

Typed or printed name of signee

SECRET  
TALLAHASSEE  
FLORIDA

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