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PICK-UP WAIT MAIL
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(Business Entity Name)
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SECKETARY OF STATE

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## COVER LETTER

TO:

New Filing Section

New Filing Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: North Wekiwa Concrete T LL Name of Limited Liability Company	C
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
De With Fredrick HARRIS	
3333 Megdow hill Rd.	
3333 Meadow hill Reli	
Tallahassee Fl. 32308	
City/State and Zip Code	
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:	
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  □\$100.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address  New Filing Section  Street Address  New Filing Section Division	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANA AUG 30 PM 1: 01

ARTICLE I - Name: The name of the Limited Liability Company is:	SECRETARY OF STATE TALLAHASSEE, FL
North Wekiwa Cong (Must contain the words "Limited Liability Comp	rrete I LLC
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Li  Principal Office Address:	Mailing Address:
3333 Meadow hill Rd. Tallahassee Fl. 32308	3333 Meadowhill Re Tallahassee Fl. 32308

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

another business entity with an active Florida registration.)

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

Name

Name

Name

Name

Name

Name

Name

Name

Name

NoT acceptable)

Tallahassee F1. 32308

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 profided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED

(CONTINUED)

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

Title: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) ... (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: \_\_ (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE:

ARTICLE IV-

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 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)
- \$ 5.00 Certificate of Status (Optional)