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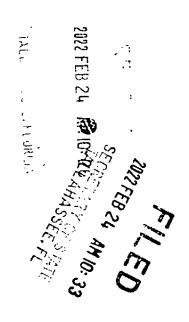
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: C+ W Concrete + Handy Services LLC 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:
Cynthia Blown Name of Person
Name of Person
Firm/Company
2126 TAMERIANE DR. Address
Address
City/State and Zip Code Cynthrown ZZ Egmail. Com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
· · · · · · · · · · · · · · · · · · ·
Cynthia Brown at (850) 4598187 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □\$155.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:			
Carw Concrete Must contain the words "Limited	+ Handi	Services	LLC
Must contain the words "Limited	Liability Company,	L.L.C" or "LLC.")	 -

ARTICLE II - Address:

ARTICLE 1 - Name:

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

Principal Office Address:	Mailing Address:
ZIZL TAMERIUME DR.	7AllAhASSEC, FL 32303

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:

	<u> 320.00</u>	^	_
2126 TAME Florida street address (P		OT acceptable)	_
14/1/phasses	.0. BOX <u>ss</u>	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..

(CONTINUED)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	<u>_</u>
AMBR	Cunthia Blown
_15.1.3	2126 jamenlare Dr.
	TALLAMASSE FL 36303
MCR	Willic Robinson
11/ (3/4)	2121 TAmerlane Dr.
	TA MANAISEE, FL 32363
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ARTICLE IV-

\$ 30.00 Certified Copy (Optional) 8 5.00 Certificate of Status (Optional)