# L22000176943

(F	Requestor's Name)	
( <i>A</i>	Address)	
	Address)	
(0	City/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
(E	Business Entity Name	)
(E	Document Number)	
Certified Copies	Certificates of	f Status
Special Instructions t	o Filing Officer:	
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## **CORPORATE**

## When you need ACCESS to the world

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INC.

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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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name: The name of the Limited Liability Company is:	2022 APR 28 AM 10: 34
, F	
QE Concrete, LLC	SEU 1. SIME ————————————————————————————————————
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2827 Silverleaf Lane	2827 Silverleaf Lane
Naples, FL 34105	Naples, FL 34105
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)	gistered Agent's Signature: stered Ageπt. You must designate an individual or
The name and the Florida street address of the registered agent	t are:
Jeff Novatt, Esq.	
Nam	ne
1415 Panther Lane, Suite 4	32
Florida street address (P.O	Box NOT acceptable)

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..

FL

State

34109

Zip

Naples

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

#### **ARTICLE IV-**

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

Title: "AMBR" = Authorized Member	Name and Address:	ØA S E
"MGR" = Manager MGR	Harried I. M 11 Iv	
MOK	Howard J. Murrell Jr. 2827 Silverleaf Lane	<del></del>
	Naples, FL 34105	
AR	Allison B. Murrell	
722	2827 Silverleaf Lane	10000000000000000000000000000000000000
	Naples, FL 34105	<del></del>
		maje w
AR	Rachel S. Murrell	
	2827 Silverleaf Lane	
	Naples, FL 34105	
<del></del>		
(Use attachment if necessary)		
(Ose anaemient it necessary)		
ARTICLE V: Effective date, if other than the date of If an effective date is listed, the date must be specified the date of filling.)  Note: If the date inserted in this block does not me the document's effective date on the Department of	ific and cannot be more than five bus et the applicable statutory filing requir	siness days prior to or 90 days after
ARTICLE VI: Other provisions, if any. This limited liability company is a manager-manage	ed limited liability company.	
This document is executed	ther or an authorized representative in accordance with section 605.0203 information submitted in a document to	(1) (b), Florida Statutes.
constitutes a third degree f	clony as provided for in s.817.155, F.S	S.

Jeff Novatt, Esq., Authorized Representative
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)