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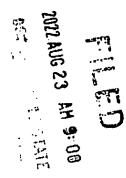
	(Requestor's Name)	
 	(Address)	
	(Madress)	
· · · · · · · · · · · · · · · · · · ·	(Address)	
	(City/State/Zip/Phone #)	
	(==,,==================================	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
	(Oocument Number)	
Certified Copies	_ Certificates of St	atus
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: New Filing Sec Division of Cor			
SUBJECT: A.	Mills Concrete Name of Limi	ted Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
	Albert N	Name of Person	
	4 Mills C	encrete LLC Firm/Company	
	8635 Tho	Masville rd Address	
	allahassee	ty/State and Zip Code	/ &
	Phillip Rede	or future annual report potiticati	16C, CGM
	ncerning this matter, please		on,
		850) 294 - C ea Code Daytime Telephon	
Enclosed is a check for t	he following amount.		
₹ \$125.00 Filing Fee	□S130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailir	ng Address	Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

A Mills Concrete LLC
(Must contain the words "Limited Liability Company, "L L.C.," or "L.L.C.,")

ARTICLE II - Address:

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

Principal Office Address: Mailing Address:

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:

Albert Mills

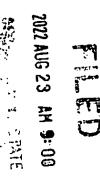
Florida street address (P.O. Box NOT acceptable)

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.,

> Albert MillS ered Agent's Signature (REQUIRED)

> > (CONTINUED)



Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Albert Mills 86.35 Thomasuile :2 Talluhasser Fl 3230)
(Use attachment if necessary)	
n effective date is listed, the date must be sp late of filing.)	e of filing:
e: If the date inserted in this block does not document's effective date on the Departmen	meet the applicable statutory filing requirements, this date will not be listed tof State's records.
FICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	e mills
Signature of a n This document is executed an aware that any false	nember or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State and Flory as provided for me \$17,155.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)