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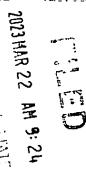
| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| (OR) State 2 pt Holle H) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

TO:

New Filing Section Division of Corporations

| | 110 |
|--|---|
| SUBJECT: DEVANE & SONS CONSTITUTE Name of Limited Liability Com | increte Struces LLC |
| Name of Limited Liability Com | pany |
| | |
| The enclosed Articles of Organization and fee(s) are submitted for filling | g. |
| Please return all correspondence concerning this matter to the following | Ř: |
| GEORGE DEVANE Name of Person | |
| Name of Person | |
| DEVANE & SOWS CONCRE | ter Services LLC |
| O 1 | |
| 312 Robinwood Aue 7 | |
| Address | |
| GE-mail address: (to be used for future annual r | |
| City/State and Zip C | ode) |
| asourne 68 a cm | AII. Com |
| n-mail indiress: (to be used for fubile abilitar) | rport nonnearion) |
| For further information concerning this matter, please call | |
| (mac = 1) 11 mm 250 2 | 79-7697 |
| Name of Person Area Code Day | uma Takanbana Numbar |
| Nume of Claciff Area Covic 12ay | The Texphone Country |
| Enclosed is a check for the following amount. | |
| ≥ 125.00 Filing Fee □S130.00 Filing Fee & □S155.00 Fil | ing Fee & □\$160.00 Filing Fee, |
| Certificate of Status Certified Copy | Certificate of Status & |
| (additional copy | is enclosed) Certified Copy (additional copy is enclosed) |
| | |
| Mailing Address Street | Address |
| New Filing Section New Fi | ling Section Division |
| Division of Corporations The Centre of Tallahassee | |
| P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303 | |
| | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE 1 - Name:

re name of the Limited Liability Company is:

DEVANE & Sons Concrete Services LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

«RTICLE II - Address:

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

| Principal Office Address: | <u>Mailing Addres</u> չ։ |
|---------------------------|--------------------------|
| 312 Robinwood AUV. | 312 RobINWOOD AUX |
| IALIAHASSEC, FI. | [A]1. F1. |
| 32305 | 32305 |

RTICLE 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 other business entity with an active Florida registration.)

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

| (QUORY | E DEVA | we- | |
|---|--------|-------|--|
| 712 0 | Name | Artes | |
| 312 Robinwood AUE. Florida street address (P.O. Box NOT acceptable) | | | |
| TA11. | F1. | 32305 | |
| City | State | Zip | |

ving been named as registered agent and to accept service of process for the above stated limited liability company at the ... e designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I ther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I daniliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 HAR 22 AH 9: 24

ARTICLE IV-

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

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|---|---|
| "MGR" = Manager Mgp. | GRORGE DEURWE 312 ROBINWOOD AUE. TALL: E). 32305 |
| | |
| | |
| | |
| | |
| (If an effective date is listed, the date must be s the date of filing.) | te of filing: 3-22-23 (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as at of State's records. |
| ARTICLE VI: Other provisions, if any. | |
| REQUIRED SIGNATURE: | e d. Davare |
| This document is exec | 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 |

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- S 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)