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## COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Smiths Cor	Screte Mixing	<u>j li</u> c
The enclosed Articles of Organization and fee(s)	•	
Please return all correspondence concerning this	matter to the following:	
Robert Trac	Name of Person	
Smiths Con	Ucrete Mixing Firm/Company	LLC
	Lipona Rd Ap	
1allahass	City/State and Zip Code  Aa A Cova  ed for future annual report notificati	
Nulpeab620gm	nail com	
E-mail address: (to be use	ed for future annual report notificati	on)
For further information concerning this matter, plea		
Robert T. Suith at 1		2
Name of Person	Area Code Daytime Telephone	e Number
Enclosed is a check for the following amount:		
S\$\$125.00 Filing Fee ☐\$130,00 Filing Fee Certificate of Status	& ☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address  New Filing Section  Division of Corporations	Street Address New Filing Section Di The Centre of Tallaha	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability C	ompany is:			
Smiths	Concrete K	lixing	LLC	
(Must contain	the words "Limited Liability	Company L.L	C.," or "LLC.")	_
ARTICLE II - Address: The mailing address and street addre	ess of the principal office of	the Limited Liab	oility Company is:	
<u>Principal C</u>	Office Address:		Mailing Address:	
303 S. L. Tallahassee	PONA Ed Aprill 72 32304		SAME	<del></del>
ARTICLE III - Registered Agent, (The Limited Liability Company can another business entity with an active The name and the Florida street additional active to the control of the control	mot serve as its own Registe re Florida registration.) ress of the registered agent a	red Agent, You	must designate an individual or	
_	Jamar I Name 660 W	). <u>Lela</u>	nd	
	Name	_	1 _ 1	
_	660 W	Brevard	5+	
ŀ	Horida Street address (P.O. 1	Box NOT accent	able)	
	Tallahassee City St	- T	32304	
_	City St	late	Zip	
laving been named as registered agen lace designated in this certificate. I he irther agree to comply with the provis m familiar with and accept the obliga	rehy accept the appointment sions of all statutes relating to tions of my position as regist	t as registered ago the proper and	ent and agree to act in this capac complete performance of my dutic ovided for in Chapter 605, F.S	ity. T
	(CON	TINUED)		

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

(Use attachment if necessary)  E. V: Effective date, if other than the date of filing:	<u>Title:</u> "AMBR" = Authorized	Name and Address;	
We attachment if necessary)  EV: Effective date, if other than the date of filing:  (OPTIONAL)  (In the date is listed, the date must be specific and cannot be more than five business days prior to or 90 defining)  (the date is listed, the date must be specific and cannot be more than five business days prior to or 90 defining)  (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.  EVI: Other provisions, if any.  REOURED SIGNATURE:  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 fibrid degree felony as provided for in s.817.155. E.S.  Libert Tract Smith  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$3.0.00 Certificate of Status (Optional)  \$5.5.00 Certificate of Status (Optional)		producti	
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