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Special Instructions to F	ikna Officer:	

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## **COVER LETTER**

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TO: New Filing Section Division of Corporations	
SUBJECT: All Florida Asphalt 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:	
Harrell Name of Person	
All Florida Asphalt LLC Firm/Company	
Firm/Company	
6271 Bombadil Dr Address	
Address	
Tallahassee FL 32303  City/State and Zip Code  all Floridgas phalte Gmail. com	
City/State and Zip Code	
E-mail address! (to be used for future annual report notification)	
For further information concerning this matter, please call:	
1	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S125.00 Filing Fee & S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  S125.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	sed)
Mailing Address New Filing Section  Street Address New Filing Section Division	

Division of Corporations
P.O. Box 6327
Tallahassee, FL 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

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
All Florida Asphali	
(Must contain the words "Limited Liability Cor	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the L	Limited Liability Company is:
Principal Office Address:	Mailing Address:
G271 Bombadil Dr	6271 Bombodil DV
10 112 100 STC 1-1 32305	Tallahasser, FG 32303
ARTICLE III - Registered Agent, Registered Office, & Registere (The Limited Liability Company cannot serve as its own Registered Agent)	d Agent's Signature: Agent. You must designate an individual or

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

another business entity with an active Florida registration.)

Angic Havell

Name

2908 Plant St

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

Tallahasa FL 32344

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..

Registered Agent's Signature (REQUIRED)

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	1) 0 1) 00 1
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The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-