	PLEASE READ	FLORID	DEPARTMENT OF STATE Jim Smith Secretary of State	FILED V 21 PM			
1. Limite	CUMENT # M0000000168(ad Liability Company's Name ELMAN & HALL CONTRACT		SECRET TALLAH,	NY ANS	3:50 SEGREDARY OF STA MALEANASSEE FLOR	т 50 ПЕ: DA;	
			Office Address				
Suite, Apt.			PO BOX 300858 Suite, Apt. #, etc.		4. State/Country of Formation MISSOURI		
City & State					5. Date Organized or Qualified To Do Business in Florida 8/02/2000		
KANSAS CITY, MO		City & State KANSAS CITY, MO			6. FEI Number Applied For		
Zip 64130	Country US	Zip	Country	43-17531 7.	96 Not Applicat		
		64130	US Name and Address of Current Registe	CERTIFICA	TE OF STATUS DESIRED X 55.00 Additional Fee requirements for a Certificate of Statu	ired s	
9. I, being Signature of	CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) C/O CT CORPORATION SYSTEM', 1200 SOUTH PINE ISLAND ROAD Suite, Apt. #, Etc. City PLANTATION A t, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter FIRE ESC 017						
Registered	Agent Bryan_	GISTERED AG	ENT MUST SIGN	11/2	ations of Chapter File E° 017 102 01060 017 Date $11-21-02$	- CR2E041 (9/	
10. Name	es and Street Addresses of Managing Men	nbers/Managers				┥	
Titles CEO	Name of Managing Members/ Managers		Street Address of Each Managing Member/Manager		City / State / Zip		
	DOUGLAS H. HALL		11407 FONTANA CT		LEAWOOD, KS 662111345		
PRES - Concrete	MICHAEL E. MORRIS		20405 JESSE JAMES FARM		KEARNEY, MO 64060		
PRES - Asphalt	GEORGE H SNYDER JR.		15601 NE 116TH		KEARNEY, MO 64060	-	
			REINSTATEM	ENT	2001-2002		
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certi- nal face or work the limited liability company name satisfies the convirtience of the trust of the second tertion.						1	
as if ma Signature of Managing M	ade under oath.	been paid. The l	Information indicated on this application indicated on this application indicated on this application indicated on the set of the se	is true and accura	ed for in chapter 608, F.S. I further certify that when as the requirements of section 608.406, F.S., and that ate, and my signature shall have the same legal effect Daytime Phone # <u>816-861-1234</u>		