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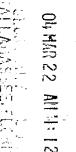
| (Re | equestor's Name) | |
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| (Ad | idress) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (R: | isiness Entity Nar | ne) |
| (50 | omoss Entry (tar | 1107 |
| (Do | ocument Number) | |
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| Certified Copies | _ Certificate: | s of Status |
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| Special Instructions to | Filing Officer: | |
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THE KILGORE COMPANY, LLC

402 Sixes Drive Canton, Georgia 30114 (678)880-0765

Transmittal

| Date | : March 19, 2004 | FOR YOUR |
|------|---|--|
| Re: | Foreign LLC Registration | Use |
| То: | Registration Section Division of Corporations P.O. Box 6327 | As Requested Review & Comment Approval |
| | Tallahassee, Florida 32314 | Approved N |
| Atte | ntion: | |
| | - | Disapproved N |
| | | Revise & Resubmit |
| Qty | Date | Description |
| I | 3/19/2004 | Check #3515 in the amount of \$130.00 |
| 1 | 3/08/2004 | Certificate of existence, The Kilgore Company, LLC |
| 1 | 3/19/2004 | Application for registration of foreign LLC in Florida |
| 1 | 3/19/2004 | Designation of Registered Agent/Office |

Remarks:

I have included the above listed items for your use in registering The Kilgore Company, LLC as a Foreign LLC in the State of Florida. Please send a certificate of status to me at the above listed address.

If enclosures are not as loted please inform us immediately.

Mark Kilgore

President

TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | | | |
|--|-----------------------|----------|------------------------|
| SUBJECT: THE KILGORE COMPANY, L.L.C. (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: | | | |
| MARK T. RILGORE (Name of Person) | | | |
| (Name of Person) | | | |
| THE KILGORE COMPANY, L.L.C. (Firm/Company) | | 0 | - |
| 402 SIXES DRIVE | _27 > 27 > 27 | IL MAR | |
| (Address) | | 2 | : 5.53 |
| CANTON, GA. 30114 (City/State and Zip Code) | 71 T : = : | <u>-</u> | انسخ . ا |
| (City/State and Zip Code) | | MH: 12 | هي رياه |
| For further information concerning this matter, please call: | | | |
| MARK KILGORE = 7770 318-5208 | | | |

STREET ADDRESS:

(Name of Person)

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

(Area Code & Daytime Telephone Number)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Liability Company is: | | |
|--|-----------|---------|
| THE KILGORE COMPANY, LLC | <u> </u> | · · · · |
| 2. The name and the Florida street address of the registered agent and office are: | | |
| MARK THOMAS KILGORE | DA HA | |
| 8417 NW ZO3 ^{PO} TERRACE Florida street address (P.O. Box NOT ACCEPTABLE) | HAR 22. A | |
| ALACHUA FL 32615 (City/State/Zip) | HIII: 12 | 5 |
| (0.5) (3.6.6.5.5) | | |

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 608, F.S.

 $\frac{3}{(\text{Signature})}$

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 040680929
CONTROL NUMBER : 0255106
DATE INC/AUTH/FILED: 10/29/2002
JURISDICTION : GEORGIA
PRINT DATE : 03/08/2004
FORM NUMBER : 211

FORM NUMBER : ZII

THE KILGORE COMPANY LLC MARK KILGORE 402 SIXES DR CANTON, GA 30144

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

THE KILGORE COMPANY, LLC A GEORGIA LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



July Cop

Cathy Cox Secretary of State