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PROBLEMAY OF STATE PALE HALLER ASSEEL FLORING

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: American Aggregates, LLC Name of Limited Liability Company		
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florid Existence, and check are submitted to register the above referenced foreign limited liability company to transact business."		
Please return all correspondence concerning this matter to the following:		
Thomas C. Vaughan, Jr.		
Name of Person	-	
Lax, Vaughan, Fortson, Jones & Rowe, P.A.		
Firm/Company	•	
11300 Cantrell Road, Suite 201	2948 JL	
Address	JUH 2	******
Little Rock, Arkansas 72212	- PR	
City/State and Zip Code	3: 2	O
tvaughan@laxvaughan.com E-mail address: (to be used for future annual report notification)	_ 🖘	
For further information concerning this matter, please call:		
Thomas C. Vaughan, Jr. at (501) 376-6565 Name of Person Area Code & Daytime Telephone Number	_	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 MAILING ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amount: X\$125.00 Filing Fee \$\text{\$130.00 Filing Fee & }\text{\$155.00 Filing Fee & }\$		
Certificate of Status Certified Copy of Status & Cert	ified C	ору

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the	vritter
CO	nsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabilion property," "L.L.C." ("LLC.")	
	Arkansas 3. (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4.	February 7, 2006 (Date of Organization) 5. December 31, 2056 (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	Have not transacted business in Fiorida yet. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	3333 Pinnacle Hills Parkway, Suite 601	
	Rogers, Arkansas 72758	Timber 1
8.	(Street Address of Principal Office) If limited liability company is a manager-managed company, check here	
9.	The name and usual business addresses of the managing members or managers are as follows:	(
	3333 Pinnacle Hills Parkway, Suite 601	
	Rogers, Arkansas 72758	
tra	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recognisation under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a relation of the certificate under eath of the translator must be submitted.)	ndsin
11	. Nature of business or purposes to be conducted or promoted in Florida: aggregate sales	
	J: 22	
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), P.S., the execution of this document constitutes	

Typed or printed name of signee

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.

2. The name and the Florida street address of the registered agent and office are: C T Corporation System	If unavailable, the a	alternate to be used in the	state of Florida is:		
City/State/Zip Plantation FL 33324 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 608, Florida Statutes. C T Corporation System By:	2. The name and th	e Florida street address o	of the registered agent and office are	e: ·	
Florida Street Address (P.O. Box NOT ACCEPTABLE) Plantation FL 33324 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 608, Florida Statutes. C T Corporation System By: (Signature)		CT	Corporation System	F. B	
Florida Street Address (P.O. Box NOT ACCEPTABLE) Plantation FL 33324 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 608, Florida Statutes. C T Corporation System By: (Signature)			(Name)		•
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Plantation FL 33324 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 608, Florida Statutes. CT Corporation System By: (Signature)		Florida Street Addre	ess (P.O. Box NOT ACCEPTABLE)		
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		as vaciatous dament and to	accent service of process for the ab		_
Katherine Lackey, Asst. Secy.	liability company at agent and agree to a relating to the prope obligations of my pos	the place designated in thing the place designated in this capacity. I further and complete performant sition as registered agent of the state of th	is certificate, I hereby accept the app er agree to comply with the provision ace of my duties, and I am familiar wi	ns of all statutes ith and accept the	ed

Certified Copy (optional)

Certificate of Status (optional)

\$ 30.00

\$ 5.00

Arkansas Secretary of State Charlie Daniels

State Capitol Building • Little Rock, Arkansas 72201-1094 • 501.682.3409

CERTIFICATE OF GOOD STANDING

I, Charlie Daniels, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

AMERICAN AGGREGATES, LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office February 07, 2006.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.

In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 15th day of June 2010.

Charlie Daniels

Secretary of State

J. Butler