## M11000003339

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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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B. BOSTICK

JUN 3 0 2011

EXAMINER

#### **COVER LETTER**

Registration Section Division of Corporations

TO:

	N	ame of Limited Liability Company		
		ability Company for Authorization to Transact Business above referenced foreign limited liability company to tra		
Please return all corresp	condence concerning this n	matter to the following:		
Pam	Melvin			
- <del></del>		Name of Person		
Lafa	rge North America			
		Firm/Company		
1201	8 Sunrise Valley Driv	e, Suite 500		
		Address		
Resto	on, VA 20191			
		City/State and Zip Code		
pam.	melvin@lafarge-na.co	om	귤	
	E-mail address:	(to be used for future annual report notification)		$\stackrel{\Rightarrow}{}$
For further information	concerning this matter, ple	ease call:	SVHVS.	
Pam Melvin		at (703 ) 480-3688	SEC.	9 77
	Name of Person	Area Code & Daytime Telephone Number	- <u> S</u>	
MAILING Al Division of Co Registration S P.O. Box 6327 Tallahassee, F	orporations ection 7	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	FLORIDA	60 :
Enclosed is a check	for the following amo Fee \$\int\\$130.00 Filing Certificate of \$	Fee &\$155.00 Filing Fee &\$160.00 Filing Fe		te

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Argos Ready Mix LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.	C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida an consent of the managers or managing members adopting the alternate name. The alternate name must in Company," "L.L.C," "LLC.")	nd attach a copy of the writter
2. Delaware 3. 45-2429837	
(Jurisdiction under the law of which foreign limited liability (FEI number, if application company is organized)	cable)
4. June 13, 2011 5. perpetual	
(Date of Organization) (Duration: Year limited liability content of the content o	ompany will cease to
6	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 12018 Sunrise Valley Drive, Suite 500	
Reston, VA 20191	
(Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here X	11 JUN SECKE:
9. The name and usual business addresses of the managing members or managers are	as follows: 🎖 🖵
Peter L. Keeley, 12018 Sunrise Valley Drive, Suite 500, Reston, VA 20191	ms o m
Yvon Brind'Amour, 12018 Sunrise Valley Drive, Suite 500, Reston, VA 20191	3: 0
	9 DA
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a translation of the certificate under oath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida:	
manufacture and sale of ready mix concrete	·
Signature of a member or an authorized representative of a mem	ber.
(In accordance with section 608 408(3), F.S., the execution of this document constitutes an affirm	ation and antho

Typed or printed name of signee

Peter L. Keeley

penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

### 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 L Argos Ready Mix L	Limited Liability Comp LC	pany is:			
If unavailable, the alt	ternate to be used in th	ne state of Florida is:			
2. The name and the	Florida street address	of the registered agent and office are:			
Corp	oration Service Comp	any			
		(Name)			
1201	Hays Street		SEC TALL		
	Florida Street Ad	dress (P.O. Box <u>NOT</u> ACCEPTABLE)	AH.A	JUN 29	See .
Tall	ahassee	FL 32301			5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	`.	City/State/Zip	<u> </u>	TE:	يا ال معمور معمور
liability company at the agent and agree to ac- relating to the proper obligations of my post	the place designated in the place designated in the tin this capacity. I fur, and complete performation as registered agentication Service Compa	to accept service of process for the above this certificate, I hereby accept the apport the agree to comply with the provisions ance of my duties, and I am familiar with as provided for in Chapter 608, Floriday  A W WAS Accepted To the process of the approximation of the provided for the complex of the provided for the process of the above the provided for the process of the process of the process for the above the process for the above the process for the above this countries are provided for the process for the above this countries are provided for the process for the above the provided for the provisions and the provisions are provided for the provisions are provided fo	vintment as reg s of all statute h and accept t da Statutes.	gistere s	ed

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

5.00

Certificate of Status (optional)

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ARGOS READY MIX LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE TWENTY-THIRD DAY OF JUNE, A.D. 2011.

11 JUN 29 PH 3: 10
SECRETARY OF STATE
TALLAHASSEF, FLORIDA

4981287 8300

110753643

AUTHENTY CATION: 8858363

DATE: 06-23-11

You may verify this certificate online at corp.delaware.gov/authver.shtml