# lorida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000243049 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORP SERVICES INC

Account Number: I20120000007

: (702)866-2500

Fax Number

: (702)866-2689

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Foreign Limited Liability Company MidAtlantic Concrete & Stone LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

OCT 2 0 2014

Electronic Filing Menu

Corporate Filing Menu

Help

T. BROWN

https://efile.sunbiz.org/scripts/efilcovr.exe

10/16/2014

TO:

Registration Section

#### **COVER LETTER**

Divisio	n of Corporation	15				
SUBJECT:		MIDATLANTI	CON	CRETE & STON	E LLC	
		Name o	Limited L	inbility Company		ı
The enclosed "A Existence, and o	Application by For theok are submitte	eign Limited Liabilit d to register the abov	y Compan e referenc	y for Authorization t ed foreign limited lis	o Transact Business in Florida, bility company to transact busi	' Certificate of ness in Plorida
Please return all	correspondence o	concerning this matte	r to the fol	lowing:		
			JoAnne	Stefanov		
			Name	of Person		
		ir	Corp S	ervices, Inc.		
			Firm	Company		
		2360 C	orporate	e Circle, Suite 4	00	
		·	A	ddress		
		He	enderso	n, NV 89074		
			City/State	and Zip Code	-	
	• . •	dod	cuments	@incorp.com		
		E-mail address: (to	be used to	r future annual report n	otification)	•
For further info	rmation concernin	g this matter, please	call:			
Jodi	Stefanov for I	nCorp Services	Inc.	702	866-2500	
<del></del>	Name o	of Contact Person	··················	Area Code	Daytime Telephone Number	
Divisio Registr P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314	i I 1	Division o Registratio Clifton Bu 2661 Exec			
	check for the i 5.00 Filing Fee	following amount  \$130.00 Filing F  Certificate of St	ec &	\$155.00 Filing Fee Certified Copy	: & 🗆 \$160.00 Filing Fee, C of Status & Certified	

### H14000243049 3

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavanable, enter alternate name adopted for the purpose of tra bility Company," "LLC," or "LLC.")	nsacting business in Florida. The alternate name must include "Limited
New York 3	N/A
(Jurisdiction under the law of which foreign limited liability company is organized)	(FBI number, if applicable)
Upon registration	1. C.
(Date first transacted business in F (See sections 605,0904 & 605,0905,	lorida, if prior to registration.) F.S. to determine negativ liability)
244 Fifth Avenue, Suite A9	S. A.
New York, NY 10001	
•	of Principal Office)
244 Fifth Avenue, Suite A9	
New York, NY 10001	
(Mailto	g Address) on(8) who has/have authority to manage is/are:
(Mailing) The name, title or capacity and address of the person	
(Mailton The name, title or capacity and address of the person of the pe	on(s) who has/have authority to manage is/are:  Fifth Avenue, Suite A9, New York, NY 10001  ore than 90 days old, duly authenticated by the official
Attached is an original certificate of existence, no my ving custody of records in the jurisdiction under the ceptable. If the certificate is in a foreign language, a sist be submitted)	on(s) who has/have authority to manage is/are:  Fifth Avenue, Suite A9, New York, NY 10001  ore than 90 days oid, duly authenticated by the official law of which it is organized. (A photocopy is not translation of the certificate under oath of the translator authorized person butes an affirmation under the penalties of perjury that the facts stated berein are

H14000243049 3.

04:50:23 p.m. 10-16-2014 4/5 H146002430493

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

f unavailable, the	alternate to be used in the state of Flo	orida is:
2. The name and t	the Florida street address of the regist	ered agent and office are:
	InCorp Service	s, Inc.
_	(Name)	
	17888 67th Cou	rt North
*****	Florida Street Address (P.O. Bo	K NOT ACCEPTABLE)
	Loxahatchee FL	33470
_	City/State	/Zip

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

JoAnne Stefanov on behalf of InCorp Services, Inc.

#### 11111

# State of New York Department of State } ss:

I hereby certify, that MIDATLANTIC CONCRETE & STONE I, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/17/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment MIDATLANTIC CONCRETE & STONE I, LLC, changing its name to MIDATLANTIC CONCRETE & STONE LLC, was filed 06/18/2013.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 08th day of October two thousand and fourteen.

Executive Deputy Secretary of State

H14100-242049.7