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DATE:

12/18/19

NAME: BAYOU CONCRETE LLC

TYPE OF FILING: APPLICATION

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abbie t AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

Registration Section Division of Corporations

TO:

	Name of Lim	ited Liability	Company		
	n by Foreign Limited Liability Company ubmitted to register the above reference				
return all correspon	dence concerning this matter to the foll	owing:			
Mary D	avis				
	Name	of Person			
			TÀLI		
Burr &	Forman LLP			2	
,	Firm/	Company	XX	מאס חבר וא	
200 Soi	ith Orange Ave., Suite 800		ري ابار س	» Р	
	-		<u> </u>		
	A	ddress	ับดีลูเก็บ เกลากับ	11:11	
Orlando	, FL 32801		Di P	-	
	City/State	and Zip Code			
shuff@m	mematerials.com				
	E-mail address: (to be used for	r future annual	report notification)		
her information co	ncerning this matter, please call:		•		
anci amormanon co	neering this matter, prease can.				
Mary Davis	aí	407	540-6684		
	Name of Contact Person	Area Code	Daytime Telephone Number		
MAILING ADD	RESS:		STREET ADDRESS:		
Division of Corpo	orations		Division of Corporations		
Registration Section P.O. Box 6327	on		Registration Section		
Tallahassee, FL 3	2314		Clifton Building 2661 Executive Center Circle		
			Tallahassee, FL 32301		
	ck for the following amount:				
Please make chec	k payable to: FLORIDA DEPARTME	_			
☐ \$125.00 Filin	- -		Filing Fee & S160.00 Filing I		
	Certificate of Status	Certifi	ed Copy of Status & Cert	irfiec	

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 of Foreign	Limited Liability Company; must include "Limit	ed Liability Compa	ny," "L.L.C.," or "	LLC.")		
If name unavailable, enter alternate re	ame adopted for the purpose of transacting business in Flo	orida. The alternate na	me must include "Lim	uited Liability Comp	any,"""L.L.C	0," or "LU
Mississippi						
(Jurisdiction under the law of wh	nich foreign limited liability company is organized)	3	(F	El numbor, if appli	<u>ت</u>	-
	(I) to first teachers to be being to Elevels, if age, to	Secretarion (Sec.)		AHA S	DEC 18	• .
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) sine penalty liability)		55. E1.		- : -
14312 Creosote Road (Street Address of Principal Office)		P.O. E 6.	3868 3868	. FLC	PH L:	 سب
(Street Address of P	nincipal Office)		(Mail	ing Address)	††	
Gulfport, Mississippi 3	9503	Gulfpe	ort, Mississippi	39505 >		
	 					
			<u>.</u>			
Name and street addres	s of Florida registered agent: (P.O. Bo	NOT accepta	ble)			
Name:	C T Corporation System	·····				
Office Address:	1200 South Pine Island Road					
	Plantation		3332 , Florida	24		
	(City)			(Zip code)		

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Title or Capacity: Name and Address: Name and Address: Judd Beech MMC Materials, Inc. Manager 14312 Creosote Road Address: Address: ____ Member ☐ Member Madison, Mississippi 39110 Gulfport, Mississippi 39503 Authorized Authorized Person Person Other Other Other Other Shane Huff Name: Manager Name: 133 New Ragsdale Road Member Member Madison, Mississippi 39110 Authorized Authorized Person Person Other____ Other_ Name: ____ Name: Manager Manager Manager Member Member Address: Address: Authorized Authorized Person Person Other____ Other_ Other___ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Shane Huff, Secretary & Treasurer

Typed or printed name of signee



DELBERT HOSEMANN Secretary of State

Office of the Secretary of State Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

BAYOU CONCRETE LLC

Registered the 1st day of July, 2002

A Mississippi Limited Liability Company has filed the necessary documents in this office, and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

1052 HIGHLAND COLONHY PKWY #201 RIDGELAND. MS 39157

And that the registered agent at that address is:

MMC MATERIALS INC

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office the 17th day of December, 2019

C. Delbert Hosemann, Jr. Secretary of State

Certificate Number: CN19074962

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx