# M23000007321

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PICK-UP WAIT MAIL				
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### **COVER LETTER**

	Registration Section Division of Corporations							
SUBJEC	SUPERIOR COMMERCIAL CONCRE	TE, LLC						
Name of Limited Liability Company								
		by Company for Authorization to Transact Business in Florida," Certificate of the referenced foreign limited liability company to transact business in Florida.						
Please re	turn all correspondence concerning this matte	r to the following:						
	BRIAN W. SIMMONS							
		Name of Person						
	SUPERIOR COMMERCIAL CONC	CRETE, LLC						
		Firm/Company						
	PO BOX 2595							
		Address						
	WAXAHACHIE, TX 75168							
		City/State and Zip Code						
	ACCOUNTING@INDUSTRIAL-CO	NCRETE.COM						
	E-mail address: (to	be used for future annual report notification)						
For furth	er information concerning this matter, please of	call:						
JEFF GLASS		972 362-2850 at ( )						
•	Name of Contact Person	Area Code Daytime Telephone Number						
Mailing Address: Registration Section		Street Address: Registration Section						
Division of Corporations		Division of Corporations						
P.O. Box 6327		The Centre of Tallahassee						
•	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
1	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE  □ \$125.00 Filing Fee □ \$130.00 Filing F  Certificate	EPARTMENT OF STATE  Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate						

## 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:

	RCIAL CONCRETE, LLC					
(Name of Foreign	Limited Liability Company, must include "Limite"	d Liabilii	y Company," "L.L.C.," or "LLC.")			_
	name adopted for the purpose of transacting business in Fi	lorida. The	alternate name must include "Limited Liabi	ility Company," "L.	L.C." or	<u>-</u> пс:
TEXAS		3.	20-2954351			
(Turisdiction under the law of which foreign limited liability company is organized)			(FEI number,	El number, if applicable)		
6/15/2023 <b>4</b> .						
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registratio ine penalty	n ) / liability)	_		
12851 S HWY 77		6.	PO BOX 2595			
(Street Address of Principal Office)		- •	(Mailing Address)		_	-
ITALY, TX 76651		WAXAHACHIE, TX 75168				_
					20	_
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT:	acceptable)		23 MAY 26	FIL
Name:	InCorp Services, Inc.					$\Box$
Office Address:	3458 Lakeshore Drive	·		FLORID	44:11:44	•
	Tallahassee		32312 . Florida	•		
	(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.

Jackie DeFilippis on behalf of InCorp Services, Inc.

(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:	Name and Address:	Title or Capacity:	Name and Address:
<b>■</b> Manager	Name: BRIAN W. SIMMONS	<b>■</b> Manager	Name: CHRIS S. KEY
□Member	Address: 228 MAGNOLIA DR	□Member	Address: 3140 BAYLOR BLVD
□Authorized	WAXAHACHIE, TX 75165	□Authorized	MIDLOTHIAN, TX 76065
Person		Person	
□Other	□Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.

Signature of an authorized person

**BRIAN W. SIMMONS** 

Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Organization for SUPERIOR COMMERCIAL CONCRETE, LLC (file number 800501171), a Domestic Limited Liability Company (LLC), was filed in this office on June 03, 2005.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 22, 2023.



Jane Helson

Jane Nelson Secretary of State

Phone: (512) 463-5555 Fax: (512) 463-5 Prepared by: SOS-WEB TID: 10264 Dial: 7-1-1 for Relay Services Document: 1249174070003