M990 (To: Qualification/Tax Lien Section)

Division of Corporations					
SUBJECT: LEE MASONRY PRODUCTS, ENC. L.L.	. <u>C.</u>				
(Name of corporation - must include suffix)					
Dear Sir or Madam:	-				
The enclosed "Application by Foreign Corporation for Autho "Certificate of Existence", and check are submitted to register transact business in Florida.	the above referenced foreign corporation to				
Please return all correspondence concerning this matter to the	· · · · · · · · · · · · · · · · · · ·				
LISA MEACHAM	<u> </u>				
(Name of Perso	ou)				
LEE MASONRY PRODUCTS, INC.	LLC				
(Firm/Compan	y) ·				
P O BOX 646 1005 NORT	H VINE STREET 1000028622610 -07/29/9901076003				
(Address)	*****206.25 *****206.25				
HOPKINSVILLE KY 42241-0646 HOP	KINSVILLE KY 42240				
. (City/State/Zi	(a)				
Should you need to call someone concerning this matter, please call: 100028622610 -05/04/9901081001 *****78.75 *****78.75					
LISA MEACHAM at (502)	886-6696				
(Name of Person) (Area Code	e & Daytime Telephone Number)				
Qualification/Tax Lien Section Qu Division of Corporations Div 409 E. Gaines St. P.C	AILING ADDRESS: Alification/Tax Lien Section vision of Corporations D. Box 6327 lahassee, FL 32314				
	AT A L				



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 7, 1999

LISA MEACHAM P.O. BOX 646 HOPKINSVILLE, KY 42241-0646

SUBJECT: LEE MASONRY PRODUCTS, LLC

Ref. Number: W99000010771

We have received your document for LEE MASONRY PRODUCTS, LLC and check(s) totaling \$78.75 of which \$78.75 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$206.25 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

The fees for a limited liability company breakdown as follows: \$250 filing fee, \$35 for designation of registered agent, \$52.50 for an optional certified copy, and \$8.75 for an optional certificate of status.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline Document Specialist

Letter Number: 399A00025218



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 7, 1999

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Tammi Cline Document Specialist

Letter Number: 399A00025218



1005 N. Vine Street P.O. Box 646 Hopkinsville, KY 42241 PH. 502-886-6696 Toll Free 800-326-7594 FAX 502-885-4400

April 26, 1999

To Whom It May Concern:

This letter is our written verification that the corporate existence of Lee Masonry Products, Inc. was changed to Lee Masonry Products, LLC on March 18, 1999. This change was "in name only" as this organization has elected to continue to be taxed as a C-corporation. Lee Masonry Products, Inc. was incorporated in July 1976.

Should you need any other information regarding the change in our name, please contact Lisa Meacham at the address and/or numbers on this letterhead.

Sincerely,

Barry S. Lee Secretary-Treasurer

any S Lee

BSL/lm

FILED
SPUUL 29 PM 5: 00
SPORETARY OF STATE

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:

(Date of Organization) (Date of Organization) (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) (Street address of principal office) ame, title, and business address of each managing member [MGRM] or manager [MGR] who manage the foreign limited liability company in Florida: (attach additional page if necessary) NAME & ADDRESS: TITLE: NAME & ADDRESS: TITLE:	Lee Masonry Proof of foreign limited liability company mustained in the name at present.) Ky Introduction under the law of which foreign limiting is organized)			
(Street address of principal office) ame, title, and business address of each managing member[MGRM] or manager[MGR]who hanage the foreign limited liability company in Florida: (attach additional page if necessary) NAME & ADDRESS: TITLE: NAME & ADDRESS: TITLE:	3-18-99 (Date of Organization) (Date first transacted business in	Florida. (See sec	ions 608.501, 608.502, and 817.1	55, F.S.)
	TUUS IV. VINC STree			

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

CORPORATE OFFICER INFORMATION:

LEE MASONRY PRODUCTS, INC.

d/b/a LEE BRICK + BLOCK

d/b/a LEE DOOR PRODUCTS

d/b/a ARMORTEC

d/b/a MOUNTAIN STONE

d/b/a SOUTHLAND BRICK + BLOCK **

CAROL T. LEE, PRESIDENT 1575 HUNTS LANE BOWLING GREEN KY 42101 (502)781-9813

DAVID R. LEE, V-PRESIDENT 25 GOSHEN LANE FRANKFORT KY 40601 (502)223-2327

WILLIS A. LEE, V-PRESIDENT 2292 CARDWELL LANE FRANKFORT KY 40601

BARRY S. LEE, SEC/TREASURER 5150 CADIZ ROAD HOPKINSVILLE KY 42240 (502)886-6696

99 JUL 29 PM 5: 00 SECRETARY OF STATE



John Y. Brown III Secretary of State

Certificate of Existence

I, JOHN Y. BROWN III, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

LEE MASONRY PRODUCTS, LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is March 18, 1999.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 275.190 has been delivered to the Secretary of State.

IN WITNESS WHEREOF. I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 26th day of April, 1999.

JOHN Y. BROWN III Secretary of State

Commonwealth of Kentucky

Igreen/0471227

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of <u>Lee Mr</u>	nsoney	
Products, LLCcertifies:	7	
1) the above named limited liability company has at least one member;		
2) the total amount of cash contributed by the member(s) is	\$ 1.00	
3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.) and	\$ &	·
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.)	\$ 1.00	
BarysLee		
Signature of a member or an authorized representative of a mem (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	ber.	-
BARRY S. Lee Typed or printed name of signee		_
/ Typed or printed name of signee	FORETARY OF STATE OF ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	FILED
Filing Fee: \$250.00 for Application and Affidavit	5 m 3	-

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 Limited Liability Company is:
Lee MASONRY PRODUCTS LLC
2. The name and the Florida street address of the registered agent and office are:
Michael R. Adams 40 RINKER MATERIALS CORP
- · · · · · · · · · · · · · · · · · · ·
501 Avenue South
Florida street address (P.O. Box NOT ACCEPTABLE)
Riviera Beach FL 33404 City/State/Zip
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.

Filing Fee: \$ 35 for Designation of Registered Agent

9 PM 5: 0



1005 N. Vine Street P.O. Box 646 Hopkinsville, KY 42241 PH. 502-886-6696 Toll Free 800-326-7594 FAX 502-885-4400

July 19, 1999

REGISTRATION SECTION DIVISION OF CORPORATIONS P O BOX 6347 TALLAHASSEE FL 32314

Re: LLC - Lee Masonry Products Ref# W99000010771

Gentlemen:

Enclosed please find your letter of May 1999. We have completed the forms sent to us and are returning them to you with our check for \$206.25.

Should you have any questions, please contact me at the numbers on this letterhead.

Sincerely,

Lisa L. Meacham

Assistant Controller

LLM/me

CC

Enclosures(8)

99 JUL 29 PM 5: 00