



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/12/2002	200231102610	ARTICLES OF ORGANIZATION/DOM. LLC (LCA)	125.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

TOM & CONNIE JONES
3349 SNOW HILL RD. SW
WASHINGTON CH, OH 43160-9671

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

1350746

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

C & R TRUCKING OF WASHINGTON COURTHOUSE, LLC

and, that said business records show the filing and recording of:

Document(s)

ARTICLES OF ORGANIZATION/DOM. LLC

Document No(s):

200231102610



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 7th day of November,
A.D. 2002.

J. Kenneth Blackwell
Ohio Secretary of State

Prescribed by **J. Kenneth Blackwell**Ohio Secretary of State
Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos

e-mail: busserv@sos.state.oh.us

2052-1184-7

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☒ Yes PO Box 1390
Columbus, OH 43216
*** Requires an additional fee of \$100 ***

☐ No PO Box 670
Columbus, OH 43216

ORGANIZATION / REGISTRATION OF LIMITED LIABILITY COMPANY

(Domestic or Foreign)

Filing Fee \$125.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

(1) ☒ Articles of Organization for Domestic Limited Liability Company (115-LCA) ORC 1705	(2) ☐ Application for Registration of Foreign Limited Liability Company (106-LFA) ORC 1705
(Date of Formation)	(State)

Complete the general information in this section for the box checked above.Name C & R Trucking of Washington Courthouse, LLC☐ Check here if additional provisions are attached

* If box (1) is checked, name must include one of the following endings: limited liability company, limited, Ltd, L.t.d., LLC, L.L.C.

Complete the information in this section if box (1) is checked.Effective Date (Optional) (mm/dd/yyyy) Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.This limited liability company shall exist for Perpetual
(Optional) (Period of existence)Purpose (Optional) The transportation of building materials, in-
cluding stone and asphalt, but not to exclude
any and all other related activities

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is

(Optional) Thomas G. & Connie J. Jones(Name) 3349 Snowhill Road(Street) Washington C.H. Ohio 43160

(City) (State) (Zip Code)

NOTE: P.O. Box Addresses are NOT acceptable.

Complete the information in this section if box (2) is checked.

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(State)

(Zip Code)

The name under which the foreign limited liability company desires to transact business in Ohio is

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

Ohio

(State)

(Zip Code)

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

- a. the agent cannot be found, or
- b. the limited liability company fails to designate another agent when required to do so, or
- c. the limited liability company's registration to do business in Ohio expires or is cancelled.

REQUIRED

Must be authenticated (signed)
by an authorized representative
(See Instructions)

Thomas G. Jones
Authorized Representative

10-25-02
Date

Thomas G. Jones

Print Name

Authorized Representative

Date

Print Name

The undersigned authorized member, manager or representative of

(name of limited liability company)

Mr. Thomas G. Jones

(Name of Agent)

3349 Snowhill Road

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Washington C.H.

(City)

Ohio

(State)

43160

(Zip Code)

Authorized Representative

Date _____

Authorized Representative

Date _____

The undersigned, named herein as the statutory agent for

(name of limited liability company)

Thomas G Jones
(Agent's signature)

(Agent's signature)

Last Revised: May 2002