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(F	Requestor's Name)
(/	Address)
(/	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(1	Document Number)
Certified Copies	Certificates of Status
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Fence Patrol (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Michael S. Hatcher (Name of Person)	
The Fence Patrol	
274 Ringingham St.	
(Address) Tallahassee Florida 32304 (City/State and Zip Code)	
For further information concerning this matter, please call:	
at ()	
(Name of Person) at (
Enclosed is a check for the following amount:	
□ \$125.00 Filing Fee Certificate of Status □ \$130.00 Filing Fee & Certified Copy Certified Copy (additional copy is enclosed) □ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	

Tallahassee, Florida 32399

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Fence Patrol (L.L.C)

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

834 Birmingham St.

Tallahasse, Florida

32304

Mailing Address:

834 Birmingham St.

Tallahassee, Florida

32304

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Name

Name

S34 Birming ham

Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32304

City, State, and 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 as provided for in Chapter 608, F.S..

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)