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(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	· #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Do	cument Number)	·		
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

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COVER LETTER

TO:		ration Secon of Cor	ction porations							
SUBJE	CT:	BSI) FENCE		d Liability Con					
The encl	losed A	rticles of	Organization and	i fee(s) are su	ıbmitted for fi	ling.				
Please re	eturn all	l correspo	ondence concerni	ng this matte	r to the follow	ing:				
_		Dav	id s.	McDe	Name of Person	JR.				
_		B	{D FE	nce à	Deck					
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•		4 1			(Address)		,	SECK FALLA	L 80	
_	A	HVA	SEE	(City/	323 State and Zip C	Code)	-	HAS	=	•
For furth	ner info	rmation c	oncerning this ma	atter, please o	call:			SEE.FLC	-4 AHII:59	
HANI	Ah	(Name o	Ellis of Person)		at (<u>850</u> (Area () <u>381-</u> Code & Daytime T	8464 elephone Numb	RID er)	59	
Enclose	d is a c	heck for	r the following	amount:				,		
J \$125.4	00 Fili	ng Fee	□ \$130.00 F Certificate of		Certified C	00 Filing Fee & Copy Opy is enclosed)	☐ \$160. Certificate Certified (additional c	of Statu Copy	ıs &	
			Mailing Addre Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FI	ction rporations	Regist Divisi Clifto 2661 I	Courier Address ration Section on of Corporation Building Executive Center lassee, FL 32301	ns	÷		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
B { D FENCE } DECK LLC	- 51)	
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C	.,")	
ARTICLE II - Address:		
The mailing address and street address of the principal office of the Limited Liability	Compan	ıy is:
Principal Office Address: Mailing Address:		
15209 Blue Roan Rd SAME TAHA HASSEE Fla 32810		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sign (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual one business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Handh Pener Elis Name Pener Pener	ANTIARY OF S	FILED
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 (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MCRM	DAVID STANLEY MCDEVITH OR 15209 Blue Board Rd PALLAMASSEE Flow 32310
marm	HANAH RENEE Ellis 15209 CLUE BOAT RA TAllahassee Fla. 32310
	SECRETARY AND
	ARY OF T
(Use attachment if necessary)	Dirait.
FICLE V: Effective date, if other than the effective date is listed, the date mur to or 90 days after the date of filing.)	st be specific and cannot be more than five business day
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.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)