

LO9000091392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

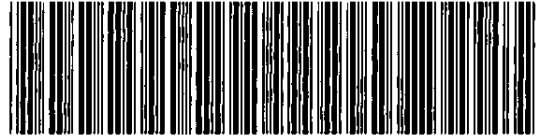
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT
SEP 22 2009
EXAMINER

Office Use Only



000160838180

09/21/09--01014--025 **125.00

FILED
2009 SEP 21 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Cover Letter: Sept. 18, 2009
To Whom It May Concern:

Jack J. Klein
116 Monterey Cypress Blvd.
Winter Haven
Florida
33881
863-439-8928-318-1090-cel-242-9050

2009 SEP 21 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The 2-J's FENCE OUTLET, LLC
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:

JACK J. KLEIN

Name of Person

The 2-J's Fence Outlet, LLC

Firm/Company

P.O. Box 399

Address

LAKE HAMILTON, FL. 33851

City/State and Zip Code

JKLEIN6240@AOL.COM

E-mail address: (to be used for future annual report notification)

2009 SEP 21 PM 1: 81
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

JACK J. KLEIN

Name of Person

at (863) 439-8928

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The 2-J's Fence Outlet, Limited Liability Company
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

27994 Hwy. 27
Dundee, FL. 33838
863-439-8928

P.O. Box 399
LAKE HAMILTON
FL. 33851

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JACK J. Klein
Name

27994 Hwy. 27 Dundee
Florida street address (P.O. Box NOT acceptable)

Dundee FL 33838
City, State, and Zip

2009 SEP 21 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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..

Jack J. Klein
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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

JACK J. KLEIN
116 Monterey Cypress Blvd.
WINTER HAVEN, FL. 33881

MGRM

JACK WYLIE
18126 WAYNE ROAD
ODESSA, FL. 33556

(Use attachment if necessary)

2009 SEP 21 PM 1:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Jack J. Klein
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.)

JACK J. KLEIN
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)