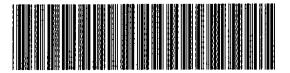
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| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL. |
| (Bu | rsiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
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Office Use Only



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DEPARTMENT OF STATE

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OCT 28 2014 O. BRUCE

COVER LETTER

TO:

Registration Section;

| Division of Corporations | | | | |
|---|--|----------------|-----------|--|
| SUBJECT: Cairo Fence a Name of Lir | nd Deck LLC nited Liability Company | | | |
| The enclosed Articles of Organization and fee(s) and | re submitted for filing. | | | |
| Please return all correspondence concerning this m | atter to the following: | | | |
| Demetres Gara | Name of Person | | | |
| Cairo Fenteral | | | | |
| 521 9+4.AVA | EAVE NC Address | | | |
| Cairo CT | A. 39828 City/State and Zip Code | | | |
| | d for future annual report notification) | SECRETARY. | 14 OCT 28 | |
| Edgar Pastor Chagin (_ Name of Person | 229 708 4767 Area Code Daytime Telephone Number | THE PLOTIES IN | PH 2: 53 | |
| Enclosed is a check for the following amount: | | .52 | | |
| \$125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status} | □\$155.00 Filing Fee & □\$160.00 Filing Certified Copy (additional copy is enclosed) Certified Copy (additional copy is | tatus & | | |
| 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 | | | |

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| _ (air) rence and Deck | |
|---|--|
| (Must end with the words "Lim | nited Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| The mailing address and street address of the princip | al office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 3050 W. Tharpest Taylohassae FL 32303 | |
| Tallehassee FL 32383 | SAME |
| A | |

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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pendetres Gomales pastor
Name

3050 W. Thanke St

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

Talla Hassee FL Fl. 32303

City 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 605, F.S..

Pometres Czonzale'z Pasfor
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

14 OCT 28 PM 2: 53

AFFIC VE

| Title: | Name and Address: | |
|--|--|---------|
| "AMBR" = Authorized Member "MGR" = Manager | 61- 0 . | |
| AMBR | Edgar Postor | |
| | 3050 W Tharpe St Tarrahassee F1 32303 | |
| Δ | D'ul: E realm mach | |
| Ambe | LAMETAL CHOUNTY PUSHED | |
| | Tellahassee F1 32303 | |
| , | Domologo C 120/0 100/6/0 | |
| | Demetrico Ganzala pustor | |
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| EV: Effective date, if other than the date | of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 | davs af |
| ective date is listed, the date must be sp of filing.) | of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 | days af |
| EV: Effective date, if other than the date ective date is listed, the date must be spot filing.) | | lays af |
| E V: Effective date, if other than the date ective date is listed, the date must be spor filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: | ecific and cannot be more than five business days prior to or 90 | days at |
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