

Key

12/28/2019

Division of Corporations

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : WILSON TAX & ACCOUNTING INC.
Account Number : I20150000107
Phone : (941) 625-1925
Fax Number : (941) 625-1526

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Sales@FencePointSupply.com

FLORIDA LIMITED LIABILITY CO.
Fence Point Supply LLC

K PAGE
DEC 30 2019

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FL
2019 DEC 27 PM 1:46
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Electronic Filing Menu Corporate Filing Menu Help



December 27, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WILSON TAX & ACCOUNTING INC

SUBJECT: FENCE POINT SUPPLY LLC
REF: W19000111057

We have received your document for FENCE POINT SUPPLY LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carlos E Rico
Regulatory Specialist II

FAX Aud. #: H19000370076
Letter Number: 919A00026226

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TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fence Point Supply LLC

(Must contain 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:

1512 Max Hooks Rd Ste B
Groveland, FL 34736

17601 Serenoa Blvd
Clermont, FL 34714

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:

Risa Saylor

Name

17601 Serenoa Blvd

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

Clermont

FL

34714

City

State

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member
"MGR" = Manager

AMBR

Pelican Fence LLC
17601 Serenoa Blvd
Clermont, FL 34714

MGR

Paul Saylor
17601 Serenoa Blvd
Clermont, FL 34714

MGR

Risa Saylor
17601 Serenoa Blvd
Clermont, FL 34714

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2020 (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

Any and all lawful business.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Risa Saylor
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)

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