## L04000008531

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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SECIOLIARY OF STATE TALLAHASSEE, FLORIDA



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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State FILED

04 JAN 26 AM 10: 34

CEGRETARY OF STATE TALLAHASSEE, FLORIDA

December 26, 2003

DENNIS PLOTTS 2416 CHEROKEE STREET NORTH PORT, FL 34286

SUBJECT: DENNIS PLOTTS Ref. Number: W03000039398

We have received your document for DENNIS PLOTTS and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete article #1 with the name of your company.

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 103A00068811



FILED

04 JAN 26 AM 10: 34

SECRETARY OF STATE TALLAHASSEE, FLORIDA

January 21, 2004

DENNIS PLOTTS 2416 CHEROKEE STREET NORTH PORT, FL 34286

SUBJECT: DENNIS PLOTTS Ref. Number: W03000039398

We have received your document for DENNIS PLOTTS and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

ARTICLE #1 MUST STATE THE NAME OF YOUR COMPANY.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 104A00003664

Agnes Lunt Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 04 JAN 26 AM 10: 34

ARTICLE I - Name:	STORING CARROLL
The name of the Limited Liability Company is:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Budget Fence LLC	TONIDA
ARTICLE II - Address:	
The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2416 Cherokee Street	
North Port, FL. 34286	
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the register	
Dennis Plotts	
Name	<del></del>
2416 Cherokee Street	
Florida street address (P.O. Box NOT acceptable)	
North Port, FL 3	34286
City, State, and Zip	
Having been named as registered agent and to accept s liability company at the place designated in this certific	ate, I hereby accept the appointment as

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)

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

MGRM

Dennis Plotts

2416 Cherokee Street

North Port, FL. 34286

(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

<u>Filing Fees:</u>

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)