

LO4000066635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

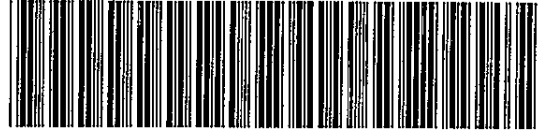
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700040571657

09/09/04--01020---003 **160.00

04 SEP -9 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

LO4-66635
OK

LAW OFFICES
SHULER AND SHULER

34 FOURTH STREET
POST OFFICE DRAWER 850
APALACHICOLA, FLORIDA 32329

TELEPHONE: (850) 653-9226
FACSIMILE: (850) 653-3382

J. GORDON SHULER
THOMAS M. SHULER
OF COUNSEL
ALFRED O. SHULER

September 8, 2004

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

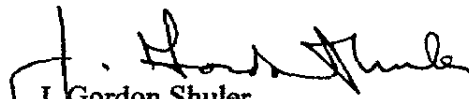
Re: Best Fence, LLC

Dear Sir/Madam:

Enclosed you will find the original Transmittal Letter, Articles of Incorporation for Florida Limited Liability Company. You will also find a check payable to the Secretary of State in the amount of \$160.00, for your filing fees and certified copies of the Articles.

Thank you for your attention to this, and please let me know if you need any additional information.

Sincerely,


J. Gordon Shuler

JGS:bs
Enc:As Stated
xc: _____

04 SEP -9 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEST FENCE, 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:

J. Gordon Shuler
(Name of Person)

Shuler and Shuler
(Firm/Company)

Post Office Drawer 850
(Address)

Apalachicola, Florida 32329
(City/State and Zip Code)

For further information concerning this matter, please call:

J. Gordon Shuler at (850) 653-9226
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 SEP - 9 PM 1:30

FILED

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

BEST FENCE, LLC

ARTICLE II - Address:

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

Principal Office Address:

784 Ridge Road

Eastpoint, Florida 32328

Mailing Address:

Post Office Box 835

Apalachicola, Florida 32329

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

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

Vernon Simpson

Name

754 Ridge Road

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

Eastpoint FLORIDA 32328

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, Florida Statutes..

Vernon Simpson

Registered Agent's Signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 SEP -9 PM 1:33

FILED

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:

<u>MGR</u>	<u>Ricky Lee Banks</u> <u>Post Office Box 263</u> <u>Eastpoint, FL 32328</u>
<u>MGR</u>	<u>Vernon Wayne Simpson</u> <u>Post Office Box 835</u> <u>Apalachicola, FL 32329</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Vernon Simpson
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.)

Vernon Simpson
Typed or printed name of signee

Filing Fees:

\$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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 SEP -9 PM 1:30

FILED