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| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| AL | | | | |

Office Use Only

TALLAHASSEE FLORIDA



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04/28/05--01050--012 **130.00



TRANSMITTAL LETTER

FILED

TO: Registration Section 05 APR 28 PM 1:39 Division of Corporations SCORLIARY OF STATE ALLAHASSEE, FLORIDA (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: For further information concerning this matter, please call: Enclosed is a check for the following amount: ☐ \$125.00 Filing Fee **2** \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

STREET ADDRESS:

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

(additional copy is enclosed)

Certified Copy

(additional copy is enclosed)

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

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY EQUIPANY, 39

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|---|
| ARTICLE I - Name: TALLAHASSEE, FLORIDA The name of the Limited Liability Company is: |
| Aluminum Fences of Distinction, 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: |
| 5851 Country Living Circle 5851 Country Living Circle Tallahassee, FL 32311 Tallahassee, FL 32311 |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: |
| The name and the Florida street address of the registered agent are: Amu Flemura |

Name

5851 Country Living Circle

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

Tallahassee 23311

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, F.S..

Registered Agent's Signature

(CONTINUED)

| ARTICLE IV- M The name and add | anager(s) or Manag ress of each Manager | ing Member(s): or Managing Member is a | s follows: |
|---|---|--|-----------------------------------|
| Title: "MGR" = Manager "MGRM" = Manager MGRM" = Manager | | Name and Address: Nathan H. Fl 5851 Country Tallahasset | Living Circle |
| MGRM | _ | Amy Flemino 5851 Cauntro Tallahassae | Living Circle FL 32311 |
| | <u> </u> | | |
| (Use attachment if | | | |
| REQUIRED SIG | Signature of a member (In accordance with sect of this document constituted that the facts stated here | or an authorized representate tion 608.408(3), Florida Statute tutes an affirmation under the perin are true.) H. Flemung and or printed name of signee Filing Fees: | ive of a member. s, the execution |
| | | \$100.00 Filing Fee for Article | es of Organization |

\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)