L05000071488

(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:				

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2005 JUL 20 AM 8: 23
DIVATION SEE, FLORIDA

WU5-34029

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Fence Setters, LLC (Name of Limited	d Liability Company)	
The enclosed Articles of Organization and fee(s) are su	abmitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
Timothy L. Crose	Name of Person)	
,,	vanie of followly	· · · · · ·
		A S
Fence Setters, LLC	D: 10	
(1	Firm/Company)	部 27
		SER E
9235 Gray Fox Lane		
	(Address)	AR 8: 23 SEE, FLORID
		OH:
Port Richey, Florida 34668		•
(City/	State and Zip Code)	
	_	
For further information concerning this matter, please	call:	
Charles A. Crose	at (727) 514-3860	
(Name of Person)	at (121) 514-5500 (Area Code & Daytime Te	lephone Number)
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
CTREET ADDRESS.	MAILING A	nndree.
STREET ADDRESS: Registration Section	Registration S	ection
Division of Corporations Division of 409 E. Gaines Street P.O. Box		rporations
Tallahassee, Florida 32399	Tallahassee, F	



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 15, 2005

TIMOTHY L. CROSE FENCE SETTERS, INC. 9235 GRAY FOX LANE PORT RICHEY, FL 34668

SUBJECT: FENCE SETTERS, INC.

Ref. Number: W05000034029



We have received your document for FENCE SETTERS, INC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "INC.." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6043.

Joey Bryan Document Specialist

Letter Number: 805A00046805

ADDICK E.I. Names	20 [
ARTICLE I - Name: The name of the Limited Liability Co	ompany is:
The hame of the Elimited Elaomity Co	TIES C
Fence Setters, LLC	23 ORIGINAL 23
	T. C.
ARTICLE II - Address:	
The mailing address and street address	ss of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	1000 October Food and Dark Bishov, El 24000
9235 Gray Fox Lane, Port Richey, FL 34	9235 Gray Fox Lane, Port Richey, FL 34668
ARTICLE III - Registered Agent.	Registered Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, l	Registered Office, & Registered Agent's Signature:
5	•
The name and the Florida street address	•
5	•
The name and the Florida street address	ress of the registered agent are:
The name and the Florida street address Timothy L. Crose 9235 Gray Fox Lar	Name
The name and the Florida street address Timothy L. Crose 9235 Gray Fox Lar Florida	Name ne rida street address (P.O. Box <u>NOT</u> acceptable)
The name and the Florida street address Timothy L. Crose 9235 Gray Fox Lar Florida Port Richey, Florida	Name ne rida street address (P.O. Box <u>NOT</u> acceptable) a 34668 FL
The name and the Florida street address Timothy L. Crose 9235 Gray Fox Lar Florida Port Richey, Florida	Name ne rida street address (P.O. Box <u>NOT</u> acceptable)
The name and the Florida street address Timothy L. Crose 9235 Gray Fox Lar Florida Port Richey, Florida Having been named as registered ag	Name Name ne rida street address (P.O. Box NOT acceptable) a 34668 FL City, State, and Zip gent and to accept service of process for the above stated limited
The name and the Florida street address Timothy L. Crose 9235 Gray Fox Lar Florida Port Richey, Florida Having been named as registered ag liability company at the place desir	Name Name ne rida street address (P.O. Box NOT acceptable) a 34668 FL City, State, and Zip gent and to accept service of process for the above stated limited ignated in this certificate, I hereby accept the appointment as
The name and the Florida street address Timothy L. Crose 9235 Gray Fox Lar Florida Port Richey, Florida Having been named as registered ag liability company at the place desiregistered agent and agree to act in the	Name Name ne rida street address (P.O. Box NOT acceptable) a 34668 FL City, State, and Zip gent and to accept service of process for the above stated limited ignated in this certificate, I hereby accept the appointment as this capacity. I further agree to comply with the provisions of all
The name and the Florida street address Timothy L. Crose 9235 Gray Fox Lar Florida Port Richey, Florida Having been named as registered ag liability company at the place desiregistered agent and agree to act in the statutes relating to the proper and company at the prope	Name Name ne rida street address (P.O. Box NOT acceptable) a 34668 FL City, State, and Zip gent and to accept service of process for the above stated limited ignated in this certificate, I hereby accept the appointment as this capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and
The name and the Florida street address Timothy L. Crose 9235 Gray Fox Lar Florida Port Richey, Florida Having been named as registered ag liability company at the place desiregistered agent and agree to act in the statutes relating to the proper and company at the proper	Name Name ne rida street address (P.O. Box NOT acceptable) a 34668 FL City, State, and Zip gent and to accept service of process for the above stated limited ignated in this certificate, I hereby accept the appointment as this capacity. I further agree to comply with the provisions of all

(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	Name and Address:	e e e e e e e e e e e e e e e e e e e
Timothy L. Crose	9235 Gray Fox Lane Port Richey, Florida 34668	12 10 10 10 10 10 10 10 10 10 10 10 10 10
Charles A. Crose	9235 Gray Fox Lane Port Richey, Florida 34668	JUL COR
		FLORD
(Use attachment if necessary)		
NOTE: An additional article must be a	idded if an effective date is requested	l.
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member.	
(In accordance with section of this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)	
Timothy L. Crose		•
Typed o	or printed name of signce	
Filing Fees:		
\$125.00 Filing Fee for Articles of Organizat of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	ion and Designation	