LOS000/04631

Richard, Spice Wheeler, PA (Requestor's Name) 2265 Lee Rd (Address) Suite 117 (Address) Winter Park Fl 32789	100060753931
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	10/21/05018)}004 **);
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	SECTE WAY OF STATE TALLAHASSEE, FLORIDA
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: FENCELINE HOLDINGS, 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:

455 West State Road 46 Geneva, FL 32732 P. O. Box 608 Geneva, FL 32732

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

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

Richard S. Wheeler, Esq.
Name

2265 Lee Road, Suite 117

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

Winter Park , FL 32789

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

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:		Name and Address:	
"MGR" = Manager	r		
"MGRM" = Manag	ging Member		
MGRM		Michael T. Crowthers	
·		108 Peacehill Place	
		Genevea, FL 32732	
MGRM		William I. Burke	
		190 Peacehill Place	
		Geneva, FL 32732	
(Use attachment if r	necessary)		
	is listed, the date must b	e date of filing, (OPTION. e specific and cannot be more than five business days	
REQUIRED SIGNA	TURE:	A. S. S.	
	Signature of a mem	ber or an authorized representative of a member	
		ection 608.408(3), Florida Statutes, the execution of this naffirmation under the penalties of perjury that the legislated	# # ###### ###########################
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Filing Fees:	,, ,	و الله	
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	ified Copy (Optional) icate of Status (Optional))	
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