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Mitchell Dawling

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : CLARION VENTURES, INC.
Account Number : 120030000026
Phone : (623) 465-8636
Fax Number : (623) 465-8640

SECRETARY OF STATE
TREASURY
FLORIDA

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Bill's Barrier Fence LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

M. Thomas OCT 28 2005

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bill's Barrier Fence LLC**ARTICLE II - Address:**

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

Principal Office Address:9685 Pine Lake TrailSt. Petersburg Florida, 33708**Mailing Address:**9685 Pine Lake TrailSt. Petersburg Florida, 33708**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

William F. Devlin, Sr.

Name

9685 Pine Lake TrailFlorida street address (P.O. Box **NOT** acceptable)St. Petersburg, FLORIDA 33708

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..


Registered Agent's Signature

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FLORIDA

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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:

MGRM

William F. Devlin, Sr.

9685 Pine Lake Trail

St. Petersburg Florida,, 33708

(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

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)

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STATE
TALLAHASSEE
FLORIDA

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