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SECRETARY OF STATE

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M. HODGE

TRANSMITTAL LETTER

TO:

Registration Section Division of Corporations

Tallahassee, Florida 32399

SUBJECT: THE FENCING L.L. (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:
T. mothy A Enery (Name of Person)
TNT FENCING L.L.C.
(Firm/Company)
Po Box 83 (Address)
Has Ford FL 32334 (City/State and Zip Code)
For further information concerning this matter, please call:
71m Emery at (850) 379 3924 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\ \\$125.00 \text{ Filing Fee} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

15849 NE CR 120 HOSFORD FL 32334 Hospinal Fl.

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

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

Name

Florida street address (P.O. Box NOT acceptable

ospord FL

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

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(CONTINUED)

Page 1 of 2

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MANAGER	Timothy A Emery POBOX 83 HOSFORD F1. 323
(Use attachment if necessary)	
REQUIRED SIGNATURE:	added if an effective date is requested.
Signature of a member of	r an authorized representative of member.
of this document constitute that the facts stated here	A EMERY
Хурес	d or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)