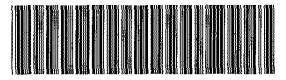
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(Requestor's Name)
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: MIKE Deaton Fencing LLC. (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:
Michael Deuton (Name of Person)
Mike Douton Ferring Lich (Firm/Company)
56-Solomon Dr (Address)
Crawford ville FL 32327
(City/State and Zip Code)
For further information concerning this matter, please call: Wickel Dewlon at (950) 445-758 H 23 15 15 15 15 15 15 15 1
(Name of Person) at (450) 445-75 FMS (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee S155.00 Filing Fee S160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status S2 (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations Street/Courier Address Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC,

The mailing address and street address of the pr	incipal office of the Limited Liability Company is:	:
Principal Office Address:	Mailing Address:	
(rawfordulle FC	crowforduille FUSA 23	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature:	
The name and the Florida street address of the r	egistered agent are:	
michael	Deuton	
Name		
56 Solomon Florida street add	lress (P.O. Box NOT acceptable)	. ,
C vanofordalle	· ·	

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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

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

	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
	MGRM	Michael Deadon 56 solomon Dr Crowsforderlle Fc. 3232>	
	· · · · · · · ·	SECRETARY ALLAHASSES	1111
		OF STATE	Ċ
	(Use attachment if necessary)		
(If an e	LE V: Effective date, if other than the da ffective date is listed, the date must be so days after the date of filing.)	te of filing: 3-23-06 (OPTIONAL) pecific and cannot be more than five business days prior	

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:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)