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2009 HAR 26 AM 10: 3C SECRETARY OF STATE

C. LEWIS

MAR 2 7 2009

EXAMINER

. COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: PERLEY GATES FENCE CO. 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:		
JAMES E. RODERICK (Name of Person)		
PERLEY GATES FENCE CO., LLC (Firm/Company)		
2397 SU WEBSTER LANE (Address)		
PORT ST LUCIE FL 34953 (City/State and Zip Code)		
For further information concerning this matter, please call:		
IAMES E. RODERICK at (772) 838-1369 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\bigcup \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallabasses FL 32314 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:	
PERLEY GATES FENCE	Co. LLC
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2397 SW WEBSTER LANE PORT ST. LUCIE, FL 34953	2397 SW WEBSTER LANE PORT ST. LUCIE, FL 34953
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
JAMES E. RODE Name	MA MI
2397 SW WEBS Florida street addr	TER LANE ess (P.O. Box NOT acceptable)
PORT. ST. LUCIE, City, State, ar	FL 39753 >

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..

Ragistered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

FILED

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

Title.

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

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<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address: SECRETARY OF STATE TALLAHASSEE. FLORIDA
MGRM	JAMES E RODERICK 2397 SW WEBSTER LANE PORT ST. LUCIE, FL 34953
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: APRIL 1, 2009. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

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)