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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 20 2009

EXAMINER

Scott Peters **ONE**

AUTHORIZATION BY PHONE TO

CORRECT Correct name

DATE 08/20/09 @ 1:00 pm

DOC. EXAM J. Bryan

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: All Indian River/Port St Lucie/Fence Depot
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:

Scott Peters

Name of Person

All Indian River/Port St Lucie/Fence Depot

Firm/Company

790 SW Airoso Blvd

Address

Port St Lucie, FL 34983

City/State and Zip Code

Peters.Fence@Rocketmail.com

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Scott Peters

Name of Person

at (**772**) **878-8283**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR

Article I: Name:

The name of the limited liability company is: All Indian River/Port St. Lucie/Fence Depot, LLC.

Article II: Address:

The mailing address and street address of the principal office of All Indian River/Port St. Lucie/Fence Depot, LLC shall be:

Principal Office Address:

790 SW Airoso Blvd
Port St Lucie, FL 34983

Mailing Address:

790 SW Airoso Blvd
Port St Lucie, FL 34983

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Article III: Registered Agent, Registered Office and Registered Agent's Signature:

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

Scott Peters
Name

790 SW Airoso Blvd.
Florida street address

Port St Lucie, FL 34983
City, State and Zip Code

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: Scott Peters

Article IV: Manager(s) or Managing Members:

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

Title:	Name and Address
<u>MGRM</u>	<u>Scott Peters</u>
	<u>790 SW Airoso Blvd</u>
	<u>Port St Lucie, FL 34983</u>

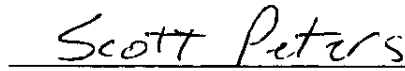
Article V: Effective Date:

The Effective date shall be the date of filing.

REQUIRED SIGNATURE:


Signature

(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.)


Name of Member

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