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Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO:	Registration Solvision of Co		
SUBJ	ECT:	CHARLES J	J. PENDERGAST FENCE
		Name of Limite	ed Liability Company
The en	closed Articles of	Organization and fee(s) are s	submitted for filing.
Please	return all corresp	ondence concerning this matt	ter to the following:
	No.	CHARLE	ES J. PENDERGAST
			Name of Person
		CHARLES J.	. PENDERGAST FENCE
			Firm/Company
		12	201 N 21 AVE
			Address
			OOD FLORIDA 33020
			ty/State and Zip Code
		E-mail address: (to be used i	83@BELLSOUTH.NET for future annual report notification)
For fu	rther information	concerning this matter, please	e call:
		. PENDERGAST of Person	_at (954)
Enclo	sed is a check fo	or the following amount:	
<b>\$125</b>	i.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & ✓ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Li	ability Company is:			
		AST FENCE LLC y Company," "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and str	reet address of the pri	ncipal office of the Limited	Liability Com	npany is:
Principal Office Address:		Mailing Address:		
1201 N 21 AVE		1201 N 21 AVE		
(The Limited Liability Company car business entity with an active Florion The name and the Florida s	nnot serve as its own Registeda registration.)	Office, & Registered Agen red Agent. You must designate an incessignate agent are:	t's Signature dividual or another FALLAH	09 NO1
	Name	OF TEORISMINO.	TAR HASS	
	1201 N 2 <sup>-</sup>	AVE	ř. Š	<b>≥</b> m
Flo	orida street address (P.O.	Box NOT acceptable)	EF0	M = 38
HOLL	YWOOD FLORIDA City, State, ar	· · · · · · · · · · · · · · · · · · ·	AIE RIDA	ယ္ <b>အ</b>
liability company at the registered agent and agree statutes relating to the pr	place designated in the to act in this capacity oper and complete per of my position as regis	accept service of process for the sertificate, I hereby accept in a further agree to comply we formance of my duties, and I tered agent as provided for in the (REOLURED)	t the appointm ith the provisi am familiar w	ent as ions of all vith and

(CONTINUED)

## Page 1 of 2

AKTICLE IV- Manager(s) or Managing Member(s	CLE IV- Manager(s) or Managing Membe	r(s)
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The name and address of each Manager or Managing Member is as follows:

•
P
CHARLES J. PENDERGAST
1201 N 21 AVE
HOLLYWOOD FLORIDA 33020
an the date of filing: (OPTIONAL)
an the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior
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member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury ated herein are true.)
member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury ated herein are true.)
member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution nt constitutes an affirmation under the penalties of perjury ated herein are true.)

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