110000065690

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



700182084407

06/21/10--01009--002 **125.00



10 JUN 21 AM 9: 2

TILLU

10 JUN 21 AM 9: 35

SECRETARY OF STATE
AND AHASSEF. FLORE

D. BRUCE

JUN 21 2010

EXAMINER

COVER LETTER

	of Corporations
SUBJECT:	Gerence Benfield Fencing Name of Limited Liability Company
The enclosed Arti	icles of Organization and fee(s) are submitted for filing.
Please return all c	orrespondence concerning this matter to the following:
	Gerene Bengeld Name of Person
<u></u> 6	ereme Benfield Fencina UC
50	54 Walnut grove Cn.
Ta	Address Llahassee, J. 32305 City/State and Zip Code Address Address
For further inform	E-mail address: (to be used for future annual report notification) ation concerning this matter, please call:
1	Name of Person Area Code & Daytime Telephone Number
Enclosed is a che	eck for the following amount:
25. 00 Filing I	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	ICLI	E I -	Na	me:

The name of the Limited Liability Company is:

Cherene Bonfield Fencing L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LIC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5054 Walnut grove In Tall, FL 32305 Tall, FL 32305

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Name

Sold Walnut arow (n. Florida street address (P.O. Bdx NOT acceptable)

Jallahattel FL 32305

City, State, and Zip

10 JUN 21 AM 9: 35
SECKETARY OF STATE
ALLAHASSEE, FLORIE

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 (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: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (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.

Filing Fees:

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

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

yped or printed name of signee