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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BEST FENCE CO.
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:
Andre R Gubbs Name of Person
DBA Best Fosce co. Firm/Company
607 Collier St 7
TALL FL 32304 City/State and Zip Code
Gibbs, Andre Quahoo con E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Fulre Rd, bbs at (850) 274-248/ Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building Tallahassee, FL 32314 Z661 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:

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

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

007 Collier St	607 Collies St	
77304 FL	TALL FL	
SE 300-1	7 5 70.1	
	ered Office, & Registered Agent's Signature Registered Agent. You must designate an individual or anothe	
The name and the Florida street address of t	the registered agent are:	SI SI
Andre R	(3,6b)	CRETA
N	ame	프 플로
607 Coll	er st	
Florida stree	et address (P.O. Box <u>NOT</u> acceptable)	
City	ry, State, and Zip	8 . To 8 .

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..

Acho O Si Wood Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Andre Grobbs toll F1 32204
ma an	Fenour Cull 1619 Stanckey Ave. Tall Fl. 32310
·	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be to or 90 days after the date of filing.)	specific and cannot be more than five business ways pair
REQUIRED SIGNATURE:	or an authorized representative of a member.
(In accordance with section 608.4 constitutes an affirmation under the lam aware that any false information under the law aware the law	408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, action submitted in a document to the Department of State

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

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

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)