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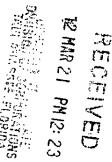
(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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D. BRUCE
MAR 2 1 2012
EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Ynot [Decks, Fences ar	nd Pools, LLC	
SUBJECT:		ed Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspondent	ondence concerning this matt	er to the following:	
	Tor	Name of Person	
	Vant Danis I		
	Ynot Decks, F	Fences and Pools, LLC	
		Firm/Company	
	92 M	imosa Street	
		Address	
	Crawford	ville, FI 32327	
	Cit	y/State and Zip Code	
		ols@yahoo.com	
	E-mail address: (to be used f	for future annual report notification)	
For further information of	concerning this matter, please	e call:	
Tony Nevels		at (850) 363-8821	2
Name o	of Person	Area Code & Daytime Telephone Number	9 32 17
Enclosed is a check fo	r the following amount:		E 13 C
	Alana anama	\$155.00 Filing Fee & \$160.00 Fil	<u>≥</u> ~
\$125.00 Filing Fee	Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee & Certificate of Certifica	
		(additional copy is enclosed) Certified Co	opy py is enclosed)
	Mailing Address	Street/Courier Address	
	Registration Section	Registration Section Division of Corporations	
	Division of Corporations P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

, , , , , , , , , , , , , , , , , , , ,	ences and Pools			_	
(Must end w	ith the words "Limited Liability	Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and	street address of the princ	cipal office of the Limited L	iability C	Comp	any is:
Principal Office Addres	<u>s:</u>	Mailing Address:			
92 Mimosa Street		92 Mimosa Street			
2				-	
Crawfordville, FI 32327 ARTICLE III - Register		Crawfordville, Fl 32327 Office, & Registered Agent	's Signat	ure:	
ARTICLE III - Register	red Agent, Registered C			other	<i>ልት ሊያኝነ</i> ል፤
ARTICLE III - Register (The Limited Liability Company	red Agent, Registered Cannot serve as its own Registere orida registration.)	Office, & Registered Agent ed Agent. You must designate an indi		other	Calcifornia Calcifornia Calcifornia
ARTICLE III - Register (The Limited Liability Company business entity with an active Fl	red Agent, Registered Cannot serve as its own Registere orida registration.)	Office, & Registered Agent and Agent. You must designate an indicite istered agent are:		<u>9</u> 2 M≥ 21	CONTRACTOR OF THE CONTRACTOR O
ARTICLE III - Register (The Limited Liability Company business entity with an active Fl	red Agent, Registered Cannot serve as its own Registered orida registration.) street address of the reg	Office, & Registered Agent and Agent. You must designate an indicite istered agent are:		92 MR 21 PH	
ARTICLE III - Register (The Limited Liability Company business entity with an active Fl	red Agent, Registered Cannot serve as its own Registered orida registration.) street address of the reg Tony Nevels	Office, & Registered Agent ed Agent. You must designate an indi	VIDEATOR AND THE STATE OF STAT	बु 2 क्रि. 21 PH 12:	Carriero Car
ARTICLE III - Register (The Limited Liability Company business entity with an active Fl	red Agent, Registered Common serve as its own Registered or or of the registration.) street address of the registration Name 92 Mimosa	Office, & Registered Agent ed Agent. You must designate an indi		92 MR 21 PH	
ARTICLE III - Register (The Limited Liability Company business entity with an active Fl	red Agent, Registered Common serve as its own Registered orida registration.) street address of the regent Name 92 Mimosa Florida street address Crawfordville	Office, & Registered Agent ed Agent. You must designate an indiction is the street agent are:	VIDEATOR AND THE STATE OF STAT	बु 2 क्रि. 21 PH 12:	

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM_	Tony Nevels
	92 Mimosa Street
	Crawfordville, FI 32327
<u> </u>	
(Use attachment if necessary)	
CLE V: Effective date, if other than the	
CLE V: Effective date, if other than the effective date is listed, the date must be	e date of filing: (OPTIONA be specific and cannot be more than five business day
CLE V: Effective date, if other than the	
CLE V: Effective date, if other than the effective date is listed, the date must b 0 days after the date of filing.)	
CLE V: Effective date, if other than the effective date is listed, the date must be	
CLE V: Effective date, if other than the effective date is listed, the date must b 0 days after the date of filing.)	
CLE V: Effective date, if other than the effective date is listed, the date must b 0 days after the date of filing.)	
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	specific and cannot be more than five business day
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	er of an authorized representative of a member
CLE V: Effective date, if other than the effective date is listed, the date must be 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with section 608)	er of an authorized representative of a member.
CLE V: Effective date, if other than the effective date is listed, the date must be 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated hereith are true. mation submitted in a document to the Department of States.
CLE V: Effective date, if other than the effective date is listed, the date must be 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document for the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of States by as provided for in s.817.155, F.S.)

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)