(Requestor's Name)  (Address)  (Address)	4002
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)	06/10
Certified Copies Certificates of Status	COFFECTIVE DATE

Office Use Only



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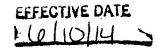
JUN 10 2014 J. HARRIS



## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Better Than The Rest Fencing & Decks, LLC 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:	
Tyler Wayne Skipper Name of Person	
Better Than The Rest Fencing 3 Decks	
60 Richland Dr Crawford ville FC, 32327	
Crawfordville, Fl, 32327 City/State and Zip Code	
Tyler Skipper 51 @ Gmail com 3 Ryan, Brantha Gmail com E-mail address: (to be used for future annual report notification)	n
For further information concerning this matter, please call:	
Tyler Skipper at (850) 694-9424  Name of Pelson Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigcup \text{\$\subseteq} \t	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the L	limited Liabili	ty Compan	y is:			
Better	Than	The	Rest	Fencing	3 Decks	40
	(Must end	with the w	ords "Limited L	iability Company,	"L.L.C.," or "LLC.")	

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:	Mailing Address:
60 Richland Dr. crawfordville Fi 32327	Tyler skipper
crawforduile FL 32327	co Richland Dr.
	Crawford vive FC, 32327
	•

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:

Florida street address (P.O. Box NOT acceptable)

Crawfordville FLFL 32327

City Zip

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

14 JUN 10 AH 11: 22

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Ryan Andrew Branth
	60 Richland Dr.
AMBR	Crawfordulle FL, 32317
ALIDIN	Tyler Wayne Shipper
	Crawfordville FT 30327
<i>)</i>	
(Use attachment if necessary)	: 110 1111
ARTICLE V: Effective date, if other than the date of fi	iling: <u>6/10/19</u> . (OPTIONAL) c and cannot be more than five business days prior to or 90 days after
the date of filing.)	e and cannot be more than live business days prior to or 90 days after
ARTICLE VI: Other provisions, if any.	•
	1
REQUIRED SIGNATURE:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
REQUIRED SIGNATURE:	Hin.
Signature of a membe	er or an authorized representative of a member.
Signature of a membe (In accordance with section 605.02 constitutes an affirmation under the	.03 (1) (b), Florida Statutes, the execution of this document epenalties of perjury that the facts stated herein are true.
Signature of a membe (In accordance with section 605.02 constitutes an affirmation under the I am aware that any false information	.03 (1) (b), Florida Statutes, the execution of this document e penalties of perjury that the facts stated herein are true.  on submitted in a document to the Department of State
Signature of a membe (In accordance with section 605.02 constitutes an affirmation under the I am aware that any false informatic constitutes a third degree felony as	.03 (1) (b), Florida Statutes, the execution of this document epenalties of perjury that the facts stated herein are true.  on submitted in a document to the Department of State

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)

Page 2 of 2

