

L14000092752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TO ACHIEVE  
SUFFICIENCY OF FILING

2014 JUN 10 AM 11:13

RECEIVED  
JUN 10 2014

EFFECTIVE DATE

6/10/14

SECRET  
JUN 10 2014

14 JUN 10 AM 11:22

APPROVED  
JUN 10 2014

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 & Decks  
Firm/Company

60 Richland Dr Crawfordville FL, 32327  
Address

Crawfordville, FL, 32327  
City/State and Zip Code

TylerSkipper51@gmail.com & Ryan.Brantly@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tyler Skipper at (850) 694-9424  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & 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

EFFECTIVE DATE

6/10/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Better Than The Rest Fencing & Decks LLC

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

ARTICLE II - Address:

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

Principal Office Address:

60 Richland Dr.  
Crawfordville FL 32327

Mailing Address:

Tyler Skipper  
60 Richland Dr.  
Crawfordville FL 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:

Tyler Skipper  
Name

60 Richland Dr.  
Florida street address (P.O. Box NOT acceptable)

Crawfordville FL 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..

Tyler Skipper  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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JUN 10 2014

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

\_\_\_\_\_

\_\_\_\_\_

**Name and Address:**

Ryan Andrew Brantley  
60 Richland Dr.  
Crawfordville FL 32327

Tyler Wayne Skipper  
60 richland Dr.  
Crawfordville FL 32327

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6/10/14 (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.)

ARTICLE VI: Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

Tyler Skipper

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Tyler Skipper

Typed or printed name of signee

**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)

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DEPARTMENT OF STATE

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