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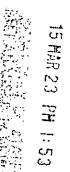
Office Use Only



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J. CHORGES APR 15 2019

COVER LETTER

	legistration Division of C	Section Corporations		
SUBJECT	r: <u> </u>	T FLORIDA FE	ENCE, LLC nited Liability Company	
The enclos	sed Articles	of Organization and fee(s) ar	e submitted for filing.	
Please rett	ırn all corre	spondence concerning this ma	atter to the following:	
		LEYVIN H	ERRERA	
			Name of Person	
	L	- 1 T FLORIDE	FENCE, LLC Firm/Company	
			Firm/Company	
	_ 52	25 E. ORAN	SEAVE, APT	A
			Address	
		EUSTIS , FL	3Z7ZLo ity/State and Zip Code OTMAIL, COM If for future annual report notifica	
	1 -	C (92 0 1)	ity/State and Zip Code	
	LE	YVIN 03 @ HO)) MAIL, COM	ntion)
D 6 1				
For further	r intormatio	n concerning this matter, plea	ise call:	
LEYI	IN F	LERRERA al	352 409-132 Area Code Daytime Te	29
	Nan	ne of Person	Area Code Daytime Te	lephone Number
Enclosed i	s a check fo	r the following amount:		
l \$ 125.00 F	iling 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)
		ling Address istration Section	Street/Courier Add Registration Section	res <u>s</u>

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 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:		
L & T FLORIDA FENCE (Must end with the words "Limited Lia	= uc	
(Must end with the words "Limited Lia	ibility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
525 E. ORANGE AVE		
525 E. ORANGE AVE APT A EUSTIS FL 32726	SAME	
·		
ARTICLE III - Registered Agent, Registered Office, & F (The Limited Liability Company cannot serve as its own Reg another business entity with an active Florida registration.)		
The name and the Florida street address of the registered age	ent are:	
LEYVIN HERR	ERA	
Name	4 4	
LEYVIN HERRI Name 525 E. ORANGE	E AUE APTA	
Florida street address (P.O. Box NC	OT acceptable)	
EUST15 City	FL 32724	
City	Zip	
Having been named as registered agent and to accept service the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of a of my duties, and I am familiar with and accept the obligation. Chapter 6	e appointment as registered agent and agree to act in th Il statutes relating to the proper and complete performa tions of my position as registered agent as provided for	is nce
Registered Agent's Signature		
Registered Agent's Signature	(REQUIRED)	
(CONTINUED)	· · · · · · · · · · · · · · · · · · ·	
Page 1 of 2	PH 1: 53	

Fitle: AMBR" = Authorized Member MGR" = Manager	Name and Address:
AMBR	ESTANISLAD SAUCEDA 525 E. ORANGE RUE APT A KUSTIS FL 327210
AMBR	LEYVIN HERRERA 525 E. OLANGE AVE APT A. ENSTS FL 32724
•	
V: Effective date, if other than the cive date is listed, the date must be filing.)	date of filing:
tive date is listed, the date must be filing.) VI: Other provisions, if any.	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the citive date is listed, the date must be filing.) VI: Other provisions, if any.	date of filing:
V: Effective date, if other than the ctive date is listed, the date must be filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation of a management of the constitutes and affirmation of a management of the constitutes and any false in the constitutes and any false in the constitutes are affirmation of the constitutes and any false in the constitutes are affirmation of the constitutes and affirmation of the constitutes are affirmation of the constitutes and affirmation of the constitutes are affirmation of the constitutes and affirmation of the constitutes are affi	member or an authorized representative of a member, in 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true; information submitted in a document to the Department of State?
V: Effective date, if other than the citive date is listed, the date must be filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation of a maware that any false in constitutes a third degree for the section constitutes at the sectio	member or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true: nformation submitted in a document to the Department of State delony as provided for in s.817.155, F.S.)
V: Effective date, if other than the citive date is listed, the date must be filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation of a maware that any false in constitutes a third degree for the section constitutes a section constitutes a third degree for the section constitutes a section constitutes a third degree for the section constitutes a section constitutes a section constitute and section constitutes as section constitutes as section constitutes as the section constitutes as section cons	member or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true; information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)