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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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STEEPHINGS OF STATES



J. SHAVERS MAY 1 1 2015

COVER LETTER

SUBJECT: Pre	Mier Fence Name of Lim	and Deck of dited Liability Company	North Florida	LLC
The enclosed Articles o	f Organization and fee(s) are	e submitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
F	Ryan Bron	Name of Person		
		Name of Person	·	
		Firm/Company		
26	Timber wa	od Ct		
	100, 000	Address	,	
_cra	wforduille	FL ₁ 323277 ity/State and Zip Code		
Joseph State of the State of th	Rusin Branti	y & GMall. Col	m ·	
	E-mail address: (to be used	for future annual report notificati	on)	
For further information c	oncerning this matter, pleas	e call:		
Rycon	Bronty at (_A	rea Code Daytime Telephon	46 e 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

TO:

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

Street Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Premised Fence and Deck of North Florid	la LLC
(Must and with the words "I imited Liability Company "I I C " or "I I C ")	

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
26 Timber word Ct Crawfordville FL 32327	
Crawforduille 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:

ARTICLE I - Name:

Ryan Brantly

26 Timber wood ct

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

Crowforduille FL 32327

City State 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

TO MAY IT AM 10: 00

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Ryan Brantly 26 Timberwood CH crostorduive
NMRD	FL, 32325
HMBK_	Tyler Skipper
	Crowfords: Le PC 323272
	
fective date is listed, the date must be s of filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
LE V: Effective date, if other than the date fective date is listed, the date must be s of filing.) If the date inserted in this block does not the date inserted attention on the Department.	pecific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
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ARTICLE IV-