

9/8/2015

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LEGALZOOM.COM INC.
Account Number : I20010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

15 SEP -8 PM 4:28

15 SEP -8 AM 7:38

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.**A-1 Fence Solutions, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$155.00

SEP -8 9 2015

S. GILBERT

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A-1 Fence Solutions, 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:

Cheyenne Moseley

Name of Person

LegalZoom.com, Inc.

Firm/Company

100 W Broadway, Suite 100

Address

Glendale, CA 91210

City/State and Zip Code

onlinefilings@legalzoom.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne Moseley

Name of Person

at (323)

Area Code

962-8600 ext 7625

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

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Aug. 28, 2015

To whom it may Concern,

This letter is to inform you
that customer will NOT re-instate the dissolved
business.. Known as A-1 Fence Solutions LLC.

Thank you,

John Henry
John Henry

The foregoing instrument was acknowledged before me this 28 day of Aug 2015
by who is personally known to me who produced _____
as identification and who did not take an oath.

State of Florida

County Orange

Curtis Meyers
Notary signature

Notary Seal



Notary expires _____ 20 _____

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State of Florida

Department of State

I certify from the records of this office that A-1 FENCE SOLUTIONS, LLC, was a limited liability company organized under the laws of Nevada, authorized to transact business in the State of Florida, qualified on May 25, 2012.

The document number of this limited liability company is M12000002986.

I further certify that said limited liability company filed an Application for Withdrawal on August 27, 2015, effective August 27, 2015, and its status is withdrawn.

*Given under my hand and the Great Seal of
Florida, at Tallahassee, the Capital, this the
Twenty Eighth day of August, 2015*

Ken Detmer

Secretary of State



Authentication ID: 500276519885-082815-M12000002986

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

A-1 Fence Solutions, 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:6644 North Orange Blossom Trail
Orlando, FL 32810**Mailing Address:**1300 Edgewater Court
Orlando, FLA. 32804**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:

John Henry

Name

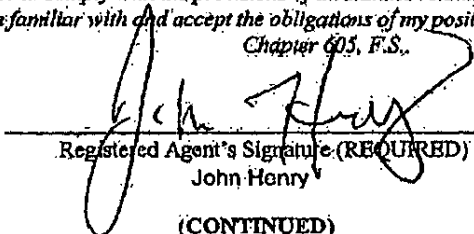
6644 North Orange Blossom TrailFlorida street address (P.O. Box **NOT** acceptable)Orlando

City

FL32810

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)

John Henry

(CONTINUED)

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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**Name and Address:**John Henry6644 North Orange Blossom TrailOrlando, FL 32810

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:**

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.)

Cheyenne Moseley, Legalzoom.com, Inc.

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)