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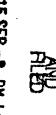
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: COW boy's Fencing of Deland, 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:
Michael E. Carroll Name of Person
Combojs Fercing of Deland, LLC
Let 45 Lake Winsona Road Address
Delan Springs FL 22130 City State and Zip Code
tenceboyarchie @ yahoo com
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Michael E. Carroll at (386) 117-784  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{Status & Certified Copy (additional copy is enclosed)} \$\subset \text{\$\subset \text{\$\sin \text{\$\subset \text{\$\subset \text{\$\subset \text{\$\subset \t

# Mailing Address

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

Street Address
New Filing 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:

15 SEP -8 : PM 4: 08

SECRETARY OF STATE FALLAHASSEE, FLORIDA

**Mailing Address:** 

(Must end with the words "Lithited 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:

645 Lake Windra Road	c <sup>o</sup> 0 Mo
Deleon Springs, Fl.	
RTICLE III - Registered Agent, Registered Office, & Regist	ered 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:

Principal Office Address:

Michael E Carroll

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

relean Springs FL 32130

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..

(CONTINUED)

Page 1 of 2



ARTICLE IV- The name and address of	f each person authorized t	o manage and control the l	Limited Liability Company	PM 4: 0
Title: "AMBR" = Authorized Part   "MGR" = Manager	Member	Name and Address:  Michael E Lei45 Lake Wi Deleda Sprin	Carroll Nona Road 132 FL 30130	of State E FLORID
(Use attachment if necess	sary)			
ARTICLE V: Effective date, if oth (If an effective date is listed, the d the date of filing.)  Note: If the date inserted in this b the document's effective date on the document of the date on the document.	ate must be specific and lock does not meet the ap	cannot be more than five opticable statutory filing re	business days prior to or 90	•
	•			
REQUIRED SIGNATU	RE:	Camall		
Sig This doci I am awa	iment is executed in according to that any false informations.	on authorized representation authorized representation and accument provided for in s.817.155,	203 (1) (b), Florida Statutes. It to the Department of State	
_	Typed o	r printed name of signee		
	F	iling 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)