

L15000212618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



800280110808

12/17/15--01001--014 **130.00

EFFECTIVE DATE
12-15-15

FILED
2015 DEC 17 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 29 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pascale Fencing "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:

George Pascale Jr
Name of Person

Pascale Fencing "LLC"
Firm/Company

2100 NE 49th St
Address

Ocala FL 34479
City/State and Zip Code

pascalefencing@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George Pascale Jr at (352) 857-3070
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
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:

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

FILED
2015 DEC 17 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>2100 NE 49th St</u>	<u>2100 NE 49th St</u>
<u>Ocala FL 34479</u>	<u>Ocala FL 34479</u>

EFFECTIVE DATE
12-15-15

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.)

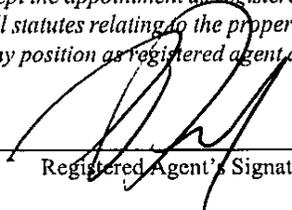
The name and the Florida street address of the registered agent are:

George Pascale JR
Name

2100 NE 49th St
Florida street address (P.O. Box **NOT** acceptable)

<u>Ocala</u>	<u>FL</u>	<u>34479</u>
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)

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:

George Pascale JR
2100 NE 49th St
Ocala FL 34479

(Use attachment if necessary)

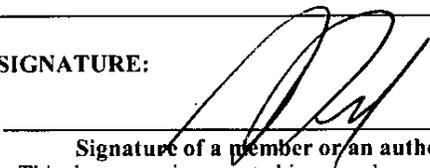
ARTICLE V: Effective date, if other than the date of filing: Dec 15th 2015 (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

George Pascale Jr

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)