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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE

SOURTER-S PH 1:25 FILED

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: No Trus Pass Name of Lim	Fence ited Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this may	ter to the following:
•	,
Jessica K	Name of Person
2960 Creck	Address Address Address AHRETARY AND FEB -5 PH Company of partification Address AND FEB -5 PH Company of partification
	Address Am
Tallahasse	v. Fr 32304 SERY -5 F
	ity/State and Zip Code
no trespass tence	for future annual report notification)
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	
,	850 321-5949
Name of Person A	rea Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee &	\$155.00 Filing Fee & Y \$160.00 Filing Fee.
	Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Market Address	Street Addr <u>ess</u>
Mailing Address New Filing Section	New Filing Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	:
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The name of the Limited Liability Company is:

No Trespass Fence, LLC." or "LLC." or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

2960 Creek Indian in

Tallahassee, Ft.

32304

Mailing Address:

Agen Creek Indian lane
Tallahassee, Ft.

32304

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:

Jessica Ketzenberg

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

Tallahassee Fr 32304

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 (REOUREL

(CONTINUED)

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WE'V HAVE UTIL

Title: "AMBR" = Authorized Member	Name and Address:	· &	9892-1484	w
"MGR" = Manager	Brandon Ketzenberg			
	Tallahassec, 12 32309			
MGR	Jessice Ketrenberg			
•	Tallahussee to 32307			
		20		
		2018 F		
	######################################	- 83	<u> </u>	
	SAX EM	<u>5</u>		
(Use attachment if necessary)		PH	Ð	
ICLE V: Effective date, if other than the	date of filing: (OPTIONAL)		_	
ate of filing \	e specific and cannot be more than five business days prior to or 30 day			
e: If the date inserted in this block does is locument's effective date on the Departm	not meet the applicable statutory filing requirements, this date will not be sent of State's records.	nstea a	15 2117 WHA	
ICLE VI: Other provisions, if any.		``	2166 47446	4.
		<u></u>		
REQUIRED SIGNATURE:				
	sia Ketrenberg			
Signature of	a member or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida Statutes.			
Earn aware that any	false information submitted in a document to the Department of State			

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)