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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP		MAIL .
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	lv

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DEPARTMENT OF STATE 18 MAR - 1 AM 11: 39

COVER LETTER

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٠	TO: New Filing Section Division of Corporations	
	SUBJECT: <u>Fence</u> <u>Addictions</u> <u>UC</u> 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:	nga sharaf hakar -
	Jerry Rooks Name of Person	
	21177 NEK and K Rd Lot 13 Address	
	Hosford FI 3232 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
	For further information concerning this matter, please call:	
	Name of Person Area Code Daytime Telephone Number	A Press and a constant of the
	Enclosed is a check for the following amount:	
	S125.00 Filing FeeS130.00 Filing Fee & Certificate of StatusS155.00 Filing Fee & Certified Copy (additional copy is enclosed)S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fence Addictions LLC." st contain 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:

Mailing Address: Principal Office Address: 21177 NE Kandk Rd Lot 13 Hostord FL. 32334

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:

<u>Jerry Rooks</u> Name <u>JIITT NE K and K Rd Lot 13</u> Florida street address (P.O. Box <u>NOT</u> acceptable) <u>Hosford FI 32334</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..

ferry worke Registered Agent's Signature (REQUIRED)

(CONTINUED)



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ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company:

	<u>Title:</u>	Name and Address:		
<u>ب</u> ر	"AMBR" = Authorized Member "MGR" = Manager	· · ·	1.4	338-51 - 148-6
	MGR-awner	Jerry Rooks DIITY NEK and K Ad Lot Hosford FI 32334	51	
	Ambr	Leather Lacey 23 Two States St Havana fl 32333		
	<u> </u>			
		· · · · · · · · · · · · · · · · · · ·		
	(Use attachment if necessary)			
ARTIC	CLE V: Effective date, if other than the date of fill	ing: (OPTIONAL)		
(If an o	effective date is listed, the date must be specific	and cannot be more than five business days prior to or 90	days after	
the dat Note:	te of filing.)	he applicable statutory filing requirements, this date will not	be listed a	S
the do	cument's effective date on the Department of Sta	ate's records.		
				SILVE CLARK C.
ARTI	CLE VI: Other provisions, if any.		. 54	3)546 AUGK ()
ARTI(• • •		· ›› ·	3)576 1468 (-
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ARTIO	CLE VI: Other provisions, if any.			->)87⊌ €664€ F.
ARTI(REOURED SIGNATURE:			- -
ARTIO	REOURED SIGNATURE:			3)876 €668 €.
ARTIO	CLE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member This document is executed in I am aware that any false infor- constitutes a third degree felo	er or an authorized representative of a member. n accordance with section 605.0203 (1) (b), Florida Statutes. ormation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.		2)876 (GPK -
ARTIO	CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member This document is executed i I am aware that any false infor- constitutes a third degree felo Jerry Roo T	er of an authorized representative of a member. n accordance with section 605.0203 (1) (b), Florida Statutes. ormation submitted in a document to the Department of State ony as provided for in s.817.155, F.S. KS yped or printed name of signee Filing Fees:		2)826 (998 -
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