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Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
FENCE REHAB LLC**

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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I: NAME

The name of the Limited Liability Company is:

Fence Rehab LLC

ARTICLE II: Address

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

2840 W Bay Dr #185

Belleair Bluffs, FL 33770

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED
AGENT SIGNATURE**

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

Steven Chapman

1741 Opal Ln

Belleair, FL 33756

Having been named as registered agent 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.

X /s/ Steven Chapman

Steven Chapman

/ Registered Agent's Signature

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

AMBR = AUTHORIZED MEMBER MGR = MANAGER

AMBR: Steven Chapman

2840 W Bay Dr #185

Belleair Bluffs, FL 33770

AMBR: Tammy Hall

2840 W Bay Dr #185

Belleair Bluffs, FL 33770

ARTICLE V: ANY OTHER PROVISION OR PURPOSE OF THE LIMITED LIABILITY COMPANY

X / s / Steven Chapman

Steven Chapman

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.)

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