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COVER LETTER

	New Filing Section Division of Corporations		
SUBJEC	River City Fence and Deck Pros	LLC.	
30BJEC	Name of Li	mited Liability Company	
The enclo	osed Articles of Organization and fee(s) a	re submitted for filing.	
Please re	turn all correspondence concerning this n	natter to the following:	
	Frederick W. Cruess Jr.		
		Name of Person	
	River City Fence and Deck Pros L	LC	
		Firm/Company	
	4170 Heath Rd.		
		Address	
	Jacksonville/ FL 32277	C'. 10 42'. C.1.	
	Jrcruess@gmail.com	City/State and Zip Code	
	E-mail address: (to be use	d for future annual report notificat	ion)
For further	information concerning this matter, plea	se call:	
	Frederick W. Cruess Jr. 8	904 305-4757)	
	Name of Person	Area Code Daytime Telephon	e Number
Enclosed	is a check for the following amount:		
□\$125.0	00 Filing Fee □\$130.00 Filing Fee & Certificate of Status	& □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee. Certificate of Status (STORY) SLCHE TARK 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 D The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee Suite 810 97

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	nd Deck Pros LLC.			
(Must	contain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and str	reet address of the principal c	office of the Limited	Liability Company is:	
<u>Pri</u>	incipal Office Address:		Mailing Address	<u>;</u> :
4170 Heath Rd.		4170	4170 Heath Rd.	
Jacksonville, FL 32277		Jacks	Jacksonville, FL 32277	
	Frederick W. Cruess Jr.	Name		
		; vainc		
	4170 Heath Od			
	4170 Heath Rd. Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)	
	4170 Heath Rd. Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable) 32277	
Having been named as registe place designated in this certif. further agree to comply with t am familiar with and accept to	4170 Heath Rd. Florida street addres Jacksonville City	s (P.O. Box <u>NOT</u> ac FL State	eceptable) 32277 Zip	

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager Eugene H. Wood VI MGR 2249 Wahine Dr. E. Jacksonville, FL 32246 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _____ . (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.

Frederick W. Cruess 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)

SECULTARY OF STATE OF STATE OF STATE OF CORPORATION: