L23000125439

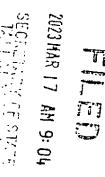
(Requestor's Name)
(Address)
(Address)
· ·
(City/State/Zip/Phone #)
(City/State/Zip/Fitotie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Sertificates of States
Special Instructions to Filing Officer:

Office Use Only



600403558636

K.A.R.3





FLORIDA.CAPITAL COURIER SERVIC	CES. INC
2330 CLARE DRIVE TALLAHASSEE, FL 32309	
(850) 524-5437	¥ξ.∉
(850) 524-6243	, ·
(050) 521 6215	e ^g
Please use funds from this account: 120210	0000160: AMOUNT:125.00
Authorization Signature:	-fuce-
FENCE MULE, LLC	
BUSINESS NAME	Document #
Certified Copy of Articles	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Corp	Amendment
Not for Profit	Resignation of R.A. Officer/Director
_ X _Limited Liability	Channe of Businessed Agent on office
Domestication	Change of Registered Agent or office Dissolution
Other	Merger
CORP	Conversion
LLLP	Amended and restated Articles
	Statement of Revocaton of Dissolution
OTHER FILINGS	
	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
<u> </u>	Limited Partnership
Fictitious Name	Reinstatement
APOSTILLE	Other
Country	

EXAMINIER'S INITIALS:____

COVER LETTER

	New Filing Sec Division of Cor				
	Fence Mi	ule, LLC			
SUBJEC	T:			. <u> </u>	
		Name o	f Limited Liabili	ty Company	
The encl	osed Articles of	Organization and fee(s) are submitted	for filing.	
Please re	turn all correspo	ondence concerning th	is matter to the f	ollowing:	
	Michael	A. Scott			
	_1 _		Name of	Person	
	The Dorc	ey Law Firm, PL	.C		
			Firm/Co	mpany	
	10181 Si	x Mile Cypress	Parkway, Si	uite C	
		22255	Addr	ess	
	Fort Mye	rs, FL 33966			
	support@d	lfregisteredage	City/State and	d Zip Code	
		E-mail address: (to be	used for future a	nnual report notificat	ion)
For further	r information co	ncerning this matter, p	ilease call:		
1 of Turthe	Michael A	-		418-0169	
	Nam	e of Person		Daytime Telephon	
Enclosed	l is a check for t	he following amount:			
⊠\$125.0	00 Filing Fee	☐\$130.00 Filing For Certificate of Statu	s Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailir	ig Address		Street Address	
	New F	iling Section		New Filing Section D	
		on of Corporations Sox 6327		The Centre of Tallaha 2415 N. Monroe Stre	
		assee, FL 32314		Tallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Fence Mule, LLC (Must contain the words "Limited Liab	lity Company "L.L.C	C.," or "LLC.")	
	(Must contain the words) Entitled Philo	my Company: Case.	o., w 1o. y	
	E II - Address: ing address and street address of the principal office	of the Limited Liabil	lity Company is:	
	Principal Office Address:		Mailing Address:	
	9260 QUAIL RUN		JAIL RUN	
	NORTH FORT MYERS, FL 33917	NORTH F	ORT MYERS, FL 33917	
(The Lim another b	NORTH FORT MYERS, FL 33917 LE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registeress entity with an active Florida registration.) e and the Florida street address of the registered age	egistered Agent's Si stered Agent. You m	ignature:	2023 MAR 17
(The Lim another b	LE III - Registered Agent, Registered Office, & Registed Liability Company cannot serve as its own Regbusiness entity with an active Florida registration.)	egistered Agent's Si stered Agent. You m	ignature: nust designate an individual or C	7
(The Lim another b	LE III - Registered Agent, Registered Office, & Renited Liability Company cannot serve as its own Registeress entity with an active Florida registration.) e and the Florida street address of the registered age	egistered Agent's Si stered Agent. You m nt are: ent Service, L	ignature: nust designate an individual or C	7
(The Lim another b	LE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registration business entity with an active Florida registration.) e and the Florida street address of the registered age OLF Registered Active	egistered Agent's Si stered Agent. You m nt are: ent Service, L	ignature: nust designate an individual or Charles (Charles (Charle	17
(The Lim another b	LE III - Registered Agent, Registered Office, & Registered Office, & Registered Liability Company cannot serve as its own Registration.) business entity with an active Florida registration.) e and the Florida street address of the registered agents. DLF Registered Agent, Registered Agents.	egistered Agent's Si stered Agent. You m at are: ent Service, L ne	ignature: nust designate an individual or CR	7
(The Lim another b	LE III - Registered Agent, Registered Office, & Registered Office, & Registered Liability Company cannot serve as its own Registeress entity with an active Florida registration.) e and the Florida street address of the registered age DLF Registered Agent, Registered Agent Registered Registered Agent Registered Registere	egistered Agent's Si stered Agent. You m at are: ent Service, L ne	ignature: nust designate an individual or CR	7

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Michael a. Scott 3/14/2023 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:		Name and Address:
"AMBK" = A "MGR" = M	authorized Member	
	mager	
<u>MGR</u>		Tyler O. Nara 9260 OUAIL RUN
		NORTH FORT MYERS, FL 33917
		TORTH MANAGEMENT
MGR		Alexandra M. Nara
		9260 QUAIL RUN
		NORTH FORT MYERS, FL 33917
		23
		HAAR
		3.5
		\$- s ₄ s,
		5,5
		SO ₹
	<u>-</u>	
		114
effective date is e of filing.)	listed, the date must be spe	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 day
		neet the applicable statutory filing requirements, this date will not be l
cument's effect	ve date on the Department of	of State's records.
LE VI: Other	provisions, if any.	
	· · · · · ·	
DEARIDE	SIGNATURE:Docu	sSigned by:
KEOVIKE	AL.	$x o. Nara^{3/17/2023}$
	[[yle	r o. Mara
		AFADA40+4F0
	Signature of a me	wher or an authorized representative of a member.
	Signature of a me This document is execut	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b). Florida Statutes.
	This document is executed am aware that any false	ted in accordance with section 605.0203 (1) (b). Florida Statutes. Information submitted in a document to the Department of State
	This document is executed am aware that any false	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State is felony as provided for in s.817.155, F.S.
	This document is execut I am aware that any false constitutes a third degree	ted in accordance with section 605.0203 (1) (b). Florida Statutes. Information submitted in a document to the Department of State of Felony as provided for in s.817.155, F.S.
	This document is executed am aware that any false	ted in accordance with section 605.0203 (1) (b). Florida Statutes. Information submitted in a document to the Department of State of Felony as provided for in s.817.155, F.S.

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)