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COVER LETTER

TO:

New Filing Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: Ability Fence and Deck LLC 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:
Jerry McGrift
Jerry McGrift Name of Person Abilty Tence & Deck LLC Firm/Company JOSS Meadow/and Lune Address
3088 Meadow Junk Lune
1a/1a/2Ser F/4 32303 City/State and Zip Code,
Jerry Mayr, ff @ Coma f. net E-mall address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jerry McOviff at (450) 556-0341 or 850 591-3895 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee U\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must 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:

Principal Office Address:	Mailing Address:
5088 Meadowlade Lane	Same
Tallahassee, 1-14 32303	

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:

Name

Florida etroet address (P.O. Roy NOT accontable)

1 Torida sirect address (1.0. Dox 301 acceptable)

ty State Zir

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..

(CONTINUED)

ARTICLE IV-

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

Medow have in
1 10 32303
Hy McGrift 8 Meadowlary Fra 8 F14
. (OPTIONAL) cannot be more than five business days prior to or 90 days after pplicable statutory filing requirements, this date will not be listed as records.
an authorized representative of a member. ordance with section 605.0203 (1) (b), Florida Statutes.
on submitted in a document to the Department of State provided for in s.817.155, F.S.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)