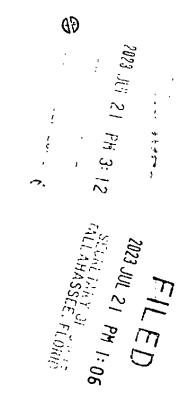
L23000346460

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

Office Use Only



200412513962



FLORIDA CAPITAL COURIER SERVICES	S, INC
2330 CLARE DRIVE	! :
TALLAHASSEE, FL 32309	
(850) 524–5437	
(850) 524–6243	
Please use funds from this accou	nt: 120210000160: \$125.00
Authorization Signature: / e	mhille :
FENCE NEAR ME LLC	
BUSINESS NAME	DOCUMENT #
Certified Copy	
Certificate of Status	
<u>NEW FILINGS</u>	<u>AMMENDMENTS</u>
Profit Corp Not for Profit X Limited Liability Domestication CORP LLLP	AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentRevocation of DissolutionMergerArticles of ConversionAmended and restated ArticlesStatement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Qualification for LLP Reinstatement
APOSTILLE	Other
Country	
EXAMINER'S INITIALS:	

COVER LETTER

	Filing Section on of Corpora	tions			
F SUBJECT: _	ENCE NEAR I	ME LLC			
SUBJECT: _		Name of Limi	ited Liabilit	y Company	
The enclosed A	Articles of Orga	nization and fee(s) are	submitted t	for filing.	
Please return a	ll corresponden	ce concerning this mat	ter to the fo	llowing:	
Мо	olly E. Buie, Es	4.			
			Name of I	Person	
Ga	unce Law, PLL	С			
			Firm/Con	npany	
25	25 1st Ave. S				
			Addre	SS	
St.	Petersburg, FL	33712			
			ty/State and	Zip Code	
mol	ly@gauncelaw.				
	E-mai	l address: (to be used f	or future ar	inual report notificati	on)
For further infor	mation concern	ing this matter, please	call:		
Мо	lly Buie	727 at (,	614-0550	
	Name of I		ea Code	Daytime Telephone	e Number
Enclosed is a c	heck for the fol	lowing amount:			
■\$ 125.00 Fil		\$130.00 Filing Fee & rtificate of Status	Certifie	.00 Filing Fee & d Copy l copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Ad	dress	•	Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FENCE NEAR ME			
(Must con	ntain the words "Limited Lia	bility Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street	address of the principal offic	e of the Limited	Liability Company is:
Princi	pal Office Address:		Mailing Address:
330 3rd St. S., Apt.	217	330	3rd St. S., Apt. 217
St. Petersburg, FL 3	33701	St. P	etersburg, FL 33701
The Limited Liability Compar	iy cannot serve as its own Re	gistered Agent. '	nt's Signature: You must designate an individual o
mother business entity with ar	ly cannot serve as its own Re active Florida registration.)	gistered Agent. '	nt's Signature: You must designate an individual o
The Limited Liability Compar	y cannot serve as its own Re active Florida registration.) t address of the registered ag	gistered Agent. '	You must designate an individual o
The Limited Liability Compar mother business entity with ar	ny cannot serve as its own Re a active Florida registration.) t address of the registered ag Legalinc Corp	gistered Agent. '	You must designate an individual o
The Limited Liability Compar mother business entity with ar	ny cannot serve as its own Re a active Florida registration.) t address of the registered ag Legalinc Corp	gistered Agent. ' ent are: orate Services, I	You must designate an individual o
The Limited Liability Compar mother business entity with ar	y cannot serve as its own Re a active Florida registration.) t address of the registered ag Legaline Corp	gistered Agent. ' ent are: orate Services, I lame Ave.	You must designate an individual o
The Limited Liability Compar mother business entity with ar	y cannot serve as its own Re active Florida registration.) t address of the registered ag Legaline Corp A 476 Riverside	gistered Agent. Your are: orate Services, I lame Ave. P.O. Box NOT a	You must designate an individual o

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..

Erik Treutlein, President on behalf of Legaline Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)



. 13	~ 1	\sim	•	IV.
$\Delta \nu$		"	. IN	IV-

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

Title:			
	uthorized Member		
"MGR" = Ma	-		
AMBR		George Treacy 330 3rd St, S., Apt. 217	_
		St. Petersburg, FL 33701	_
AMBR		Jason Korns	_
		7482 Sierra Dr. North Huntingdon, PA 15642	_
		NOTOT TRANSPIRATION TO TO TO THE PARTY OF TH	_
	· · · · · · · · · · · · · · · · · · ·		_
			_
			_
			_
(Use attachme	ent ii necessary)		
CLE V: Effective ffective date is e of filing.) If the date inser	e date, if other than the listed, the date must be ted in this block does r	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 9 not meet the applicable statutory filing requirements, this date will no ment of State's records.	
TLE V: Effective frective date is e of filing.) If the date insertument is effection. The current is effection.	e date, if other than the listed, the date must be ted in this block does red date on the Department over the date on the Department of the date.	not meet the applicable statutory filing requirements, this date will no	
CLE V: Effective ffective date is e of filing.) If the date insercument's effection	e date, if other than the listed, the date must be ted in this block does red date on the Department over the date on the Department of the date.	not meet the applicable statutory filing requirements, this date will not ment of State's records.	
CLE V: Effective ffective date is e of filing.) If the date insercument's effection	e date, if other than the listed, the date must be ted in this block does reve date on the Department ovisions, if any.	not meet the applicable statutory filing requirements, this date will not ment of State's records.	
TLE V: Effective ffective date is e of filing.) If the date insertament's effection of the content of the period o	e date, if other than the clisted, the date must be ted in this block does reve date on the Department ovisions, if any. SIGNATURE: Signature of a This document is ex I am aware that any	not meet the applicable statutory filing requirements, this date will not ment of State's records.	ot be li
CLE V: Effective ffective date is e of filing.) If the date insercument's effection	e date, if other than the listed, the date must be ted in this block does reve date on the Department rovisions, if any. SIGNATURE: Signature of a This document is ex I am aware that any constitutes a third do	a member or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State.	ot be lis
TLE V: Effective ffective date is e of filing.) If the date insertument's effection of the date insertument's effection of the period of the	e date, if other than the listed, the date must be ted in this block does reve date on the Department rovisions, if any. SIGNATURE: Signature of a This document is ex I am aware that any constitutes a third do	a member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes. False information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.	ot be li
TLE V: Effective ffective date is e of filing.) If the date insertament's effection of the content of the period o	e date, if other than the listed, the date must be ted in this block does reve date on the Department rovisions, if any. SIGNATURE: Signature of a This document is ex I am aware that any constitutes a third do	a member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S. Typed or printed name of signee	ot be li
TLE V: Effective ffective date is e of filing.) If the date inscrument is effective other part of the	e date, if other than the elisted, the date must be ted in this block does reve date on the Department rovisions, if any. SIGNATURE: Signature of a This document is extended a third document of the decorging of the constitutes a third decorging.	a member or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees:	ot be li
TLE V: Effective ffective date is e of filing.) If the date inscreament's effection of the date insert the dat	e date, if other than the elisted, the date must be ted in this block does reve date on the Department rovisions, if any. SIGNATURE: Signature of a This document is extlam aware that any constitutes a third document decorated in the constitutes of the constitutes of the constitutes of the constitutes are the constitutes at the constitutes of the const	a member or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: f Organization and Designation of Registered Agent	ot be lis
S125.00 Fils 30.00 Ce	e date, if other than the elisted, the date must be ted in this block does reve date on the Department rovisions, if any. SIGNATURE: Signature of a This document is extended a third document of the decorging of the constitutes a third decorging.	a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: f Organization and Designation of Registered Agent al)	ot be lis
S125.00 Fils 30.00 Ce	signature of a This document is ext a ware that any constitutes a third document is ext a maware that any constitutes a third document is ext a maware that any constitutes a third document is ext a maware that any constitutes a third document is ext a maware that any constitutes a third document is ext a maware that any constitutes a third document is ext a maware that any constitutes a third document is ext a maware that any constitutes a third document is ext a maware that any constitutes a third document is extended to the constitution of the constitution o	a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: f Organization and Designation of Registered Agent al)	ot be lis