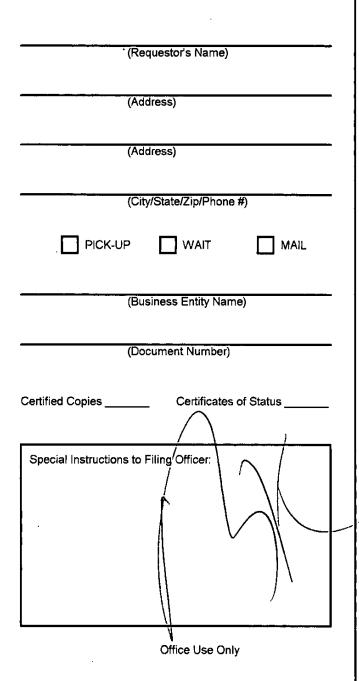
L06000079347





000077892410

08/10/06--01039--002 **125.00

06 AUG 10 PH 2: 01

ECRETARY OF STATE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

	·			
Great Sign Lay	outs.com, LL	<u>_C</u>	<u> </u> -	ALL MANAGER TO BE SELECT TO BE
				10 m
			ł	Con L
				Top's
·				Art of Inc. File
			*	LTD Partnership File
. '				Foreign Corp. File
			<u>~</u>	L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
6				Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
			<u> </u>	Photo Copy
				Certificate of Good Standing
				Certificate of Status
			**************************************	Certificate of Fictitious Name
			<u></u>	Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
Signature				Vehicle Search
				Driving Record
Requested-by:				UCC 1 or 3 File
	8/10/06	11:48		UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier



FLORIDA DEPARTMENT OF STATES

August 10, 2006

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: GREATSIGNLAYOUTS.COM, LLC

Ref. Number: W06000035403

RE-SUBMIT

PLEASE OBTAIN THE ORIGINAL

FILE DATE

We have received your document for GREATSIGNLAYOUTS.COM, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$125.00 payment.

The Principal Office Address must be a street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Document Specialist

Letter Number: 706A00049841

PLEASE OBTAIN THE ORIGINAL HILE DATE



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN

ARTICLE I - Name:		
The name of the Limit	ed Liability Company is:	
GreatSignLayouts.cor	n, LLC	
		d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Addre The mailing address a		ncipal office of the Limited Liability Company
Principal Office Add	ress:	Mailing Address:
10271 Deer Run F Ft, Myers, FL 33		P.O. Box 60031, Fort Myers, Florida 33906
(The Limited Liability Comp business entity with an activ	any cannot serve as its own Regist re Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Flo	rida street address of the re	egistered agent are:
<u>w</u>	illiam G. McIltrot	
	Name	
39	950 Ellis Road	·
-	Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Fo	ort Myers	FL 33905
	City, State, a	nd Zip
77. • 1		

Having been named as registered agent and to accept service of process for the above stated limite 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 statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	•
MORIVI — Managing Member	·
MGRM	William G. Mclitrot
· ·	3950 Ellis Road, Fort Myers, FL 33905
MGRM	John K. McIltrot
	4070 Williamson Road, Fort Myers, FL 33905
MGRM	Thomas D. Mclitrot
	3960 Ellis Road, Fort Myers, FL 33905
MGRM	Dennis P. McIltrot
MONIN	4600 Orange River Loop Road, Fort Myers, FL 33905
(Use attachment if necessary)	•
•	
	an the date of filing: (OPTIONA
necuve date is listed, the date in days after the date of filing.)	nust be specific and cannot be more than five business day
• · · · · · · · · · · · · · · · · · ·	
REQUIRED SIGNATURE:	
<i>-</i> -	
(Vile	

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

William G. McIltrot

Typed or printed name of signee