

L06000089554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

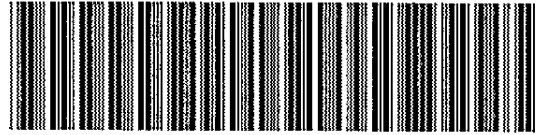
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2008 SEP 28 AM 10:51

TO ACKNOWLEDGE
SUFFICIENCY OF FILING



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 395869 7549874

AUTHORIZATION :

COST LIMIT : \$ 25.00

FILED
06 SEP 28 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : September 12, 2006

ORDER TIME : 3:40 PM

ORDER NO. : 395869-016

CUSTOMER NO: 7549874

DOMESTIC AMENDMENT FILING

NAME: GEMENI GRAPHICS AND SIGNS, LLC

EFFECTIVE DATE:

XXX__ ARTICLES OF CORRECTION

____ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY

XX__ PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea -- EXT# 2914

EXAMINER'S INITIALS: _____

ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FILED
06 SEP 28 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is: GEMINI GRAPHICS AND SIGNS, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

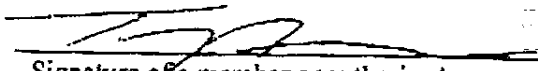
THE INCORRECT STATEMENT: GEMINI GRAPHICS AND SIGNS, LLC

THE CORRECTED STATEMENT: GEMINI GRAPHICS AND SIGNS, LLC

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: September 26th, 2006



Signature of a member or authorized representative of a member
GEMINI GRAPHICS AND SIGNS, LLC

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
GEMINI GRAPHICS AND SIGNS, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
Current name is Gemini Graphics and Signs, LLC name needs to be corrected because it was misspelled
by the person who submitted the order. Correct name is: GEMINI GRAPHICS AND SIGNS, LLC

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: September 14, 2006

/s/: Tracy J. Askew

Signature of a member or authorized representative of a member

Tracy J Askew

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

FILED
06 SEP 15 AM 10:39
CLERK OF THE COURT
TALLAHASSEE, FLORIDA

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L06000089554
FILED 8:00 AM
September 12, 2006
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:
GEMINI GRAPHICS AND SIGNS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
800 ELM AVE.
SANFORD, FL. US 32771

The mailing address of the Limited Liability Company is:
800 ELM AVE.
SANFORD, FL. US 32771

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL. 32301

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.

Registered Agent Signature: LAURA R DUNLAP

Article V

The name and address of managing members/managers are:

Title: MGRM
TRACY J ASKEW
800 ELM AVE.
SANFORD, FL. 32771 US

L06000089554
FILED 8:00 AM
September 12, 2006
Sec. Of State
nculligan

Signature of member or an authorized representative of a member

Signature: TRACEY J ASKEW