

W07000127375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

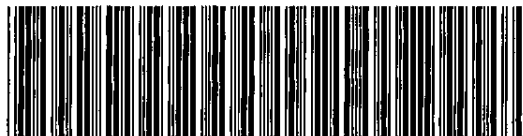
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/26/07--01003--005 \*\*125.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W07-127375  
OK 12-27

30 East McKinley Way, Suite 6, Poland, OH 44514

P 330.758.2445  
F 330.757.2411  
JOHN@PETRONYLAW.COM

LAW OFFICES OF  
**John F. Petrony,**  
LLC

December 21, 2006

Florida Department of State  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**RE: Consent for Use of Name  
Creative Vinyl Systems of Florida, LLC**

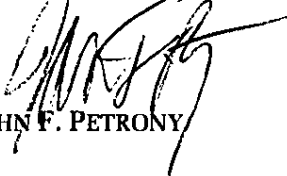
Dear Sir/Madam:

Please note, that per the instructions of one of your employees (Joey), we have enclosed a Consent executed by Creative Vinyl Systems, Inc. to the use by Creative Vinyl Systems of Florida, LLC of the name Creative Vinyl Systems of Florida, LLC in the State of Florida. We were told that this type of document would be sufficient to allow the Articles of Organization for Creative Vinyl Systems of Florida, LLC to be approved despite the apparent name conflict.

Thank you for your kind assistance in this matter. Should you have any questions concerning the foregoing, please do not hesitate to contact me.

Very truly yours,

LAW OFFICES OF JOHN F. PETRONY, LLC



JOHN F. PETRONY

JFP/lg

Enc.

cc/enc: Karl Rothacker

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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Creative Vinyl Systems of Florida, 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:

John F. Petrony, Esq.

(Name of Person)

The Law Offices of John F. Petrony, LLC

(Firm/Company)

30 E. McKinley Way, Suite 6

(Address)

Poland, Ohio 44514

(City/State and Zip Code)

For further information concerning this matter, please call:

John F. Petrony, Esq.

(Name of Person)

at ( 330 ) 758-2445

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

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

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

# CONSENT FOR USE OF SIMILAR NAME

(For Domestic / Foreign, Profit or Nonprofit)

Must Be Accompanied By Another Form

THE UNDERSIGNED DESIRING TO FILE A:

**(CHECK ONLY ONE (1) BOX) This filing does not extend the registration period**

<input checked="" type="checkbox"/> Where consenting entity is a corporation  (147-CSC)	Where consenting entity is a registrant of <input type="checkbox"/> Trade Name <input type="checkbox"/> Service Mark <input type="checkbox"/> Trade Mark (149-CSN)	Where consenting entity is a <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Partnership Having Limited Liability  (148-CSL)
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☐ Check here if additional provisions are attached

Charter or Registration No.  
of Entity Giving Consent

F02000002736

Name of Entity  
Giving Consent

Creative Vinyl Systems Inc.

Gives Its Consent To

Creative Vinyl Systems of Florida, LLC

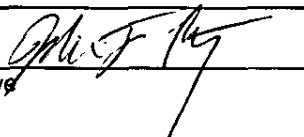
To Use The Name

Creative Vinyl Systems of Florida, LLC

## REQUIRED

Must be authenticated  
(signed) by an authorized  
representative

John F. Petrony, Esq.  
Authorized Representative



Date

12/21/07

Authorized Representative

Date

If the consenting party is a partnership, all general partners must sign. If only one partner is authorized to sign, a copy of the resolution authorizing the signature must be included.

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Creative Vinyl Systems of Florida, LLC

(Must end with 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:**

1111 S.E. 82nd Street Rd.  
Ocala, FL 34480

**Mailing Address:**

1111 S. E. 82nd Street Rd  
Ocala, FL 34480

**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:

Philip T. Dolfi

Name

1111 S. E. 82nd Street Rd

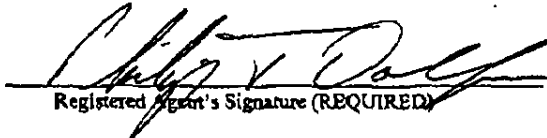
Florida street address (P.O. Box ~~NOT~~ acceptable)

Ocala, FL 34480

FL

City, State, and Zip

*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 608, F.S.*

  
Registered Agent's Signature (REQUIRED)

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TALLAHASSEE, FLORIDA

(CONTINUED)

Page 1 of 2

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

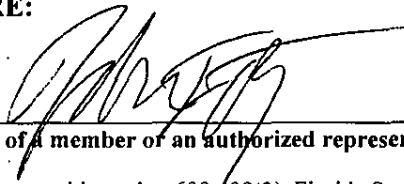
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(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.)

**John F. Petrony, Esq.**

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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)**