

L02000030891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

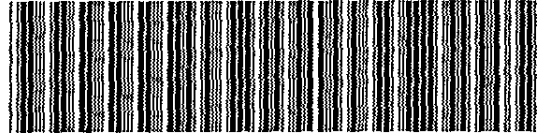
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
ALLIANCE STATE FLORIDA

~~1002-31983~~

JB
11-19-02

109 South Delaware Avenue
DeLand, Florida 32720
386.216.4942 fax 386.822.5591



From: VALERI DUNTON GRUB

To: Registration Section / Div. of Corp.
Fax: _____ Pages: 2
Phone: 386.216.4942 / 386.734.3942 Date: 11.3.02
Re: _____ CC: _____

- Urgent For Review Please Comment Please Reply Please Recycle

My Name: Valeri Dunton Grub

Address: 109 S. Delaware Ave., Deland ,FI 32720

Daytime #: 386.216.4942/ 386.734.3942

Fax: 386.822.5591

VALERI GRUB
vgrub@hotmail.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
AND
FILED



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

November 7, 2002

VALERI DUNTON GRUB
109 S. DELAWARE AVE.
DELAND, FL 32720

SUBJECT: V SIGNS LIMITED LIABILITY COMPANY
Ref. Number: W02000031983

We have received your document for V SIGNS LIMITED LIABILITY COMPANY and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 402A00060912

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
V Signs Limited Liability Company

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
Mailing address: P.O. Box 3418 DeLand, Fl. 32721-3418 Street Address: 109 S. Delaware Ave. DeLand, Fl. 32720

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Valeri Dunton Grub
Name
109 S. Delaware Ave.
Florida street address (P.O. Box **NOT** acceptable)
DeLand FL 32720
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.

Valeri Dunton Grub
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Valeri Dunton Grub
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.)

Valeri Dunton Grub
Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

APPROVE
AND
FILED
02 NOV 18 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA