

# Florida Department of State

Division of Corporations Public Access System

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(((H03000108404 2)))

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To:

Division of Corporations

: (850)205-0383 Fax Number

From:

: BARNETT, BOLT, KIRKWOOD & LONG Account Name

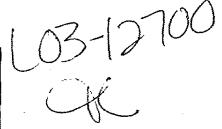
Account Number : 072731001155 Phone : (813)253-2020

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# LIMITED LIABILITY COMPANY

Safety Marketing Services, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00



AH 6: 4

**№** H03000108404 2

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is: Safety Marketing Services, LLC

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 16288 Flight Path Drive
Brooksville, FL 34604-6875
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Leslie J. Barnett

		- 9	
		Name	
	601 Bayshore Bouleva	rd, Ste. 700	
	Florida street addres	s (P.O. Box <u>NOT</u> acceptable)	<del></del> :
	Tampa,	FL 33606	<u>.</u>
	City,	State, and Zip	
liability company registered agent statutes relating	ned as registered agent and to v at the place designated in this and agree to act in this capaci to the proper and complete per ttions of my position as registe	e certificate, I hereby accept the ty. I further agree to comply to formance of my duties, and I	he appointment a with the provision am familiar with
,	Registered (An additional article must be	Agent's Signature added if an effective date is a	requested)
		Jane !	المناشب
	(In accordance with section 60	authorized representative of a m 08.408(3), Florida Statutes, the execute of affirmation under the penalties of true.)	cution
	Leslie J. Barnett, Au	uthorized Representative	Δ , ,
	Typed or p	rinted name of signee	<del></del>

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)