

L0400004/894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

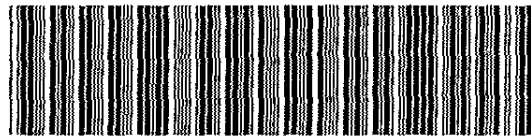
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/28/04--01039--003 **155.00

FILED
2004 MAY 28 AM 8:45
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JUN - 4 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PLUS SIGNS, 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:

KELLY THOMAS
(Name of Person)

PLUS SIGNS, LLC
(Firm/Company)

2820 MOHICAN WAY
(Address)

CRESTVIEW, FL 32539
(City/State and Zip Code)

For further information concerning this matter, please call:

KELLY THOMAS at (850) 685-5926
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
2004 MAY 28 AM 8:45
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

FILED
2004 MAY 28 AM 8:43
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

PLUS SIGNS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

128 JOHN KING ROAD

SUITE 6

CRESTVIEW, FL 32539

Mailing Address:

128 JOHN KING ROAD

SUITE 6

CRESTVIEW, FL 32539

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

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

KELLY THOMAS

Name

128 JOHN KING ROAD SUITE 6

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

CRESTVIEW, FLORIDA 32539

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, Florida Statutes..



Registered Agent's Signature

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:

MGRM

KELLY THOMAS

2820 Mohican Way
Crestview, FL 32539

MGRM

MARK BROWN

5550 DEE ACRE DRIVE
PHILPOT, KY 42366

MGRM

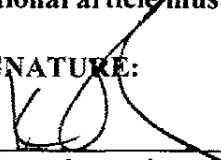
MANUEL BROWN

1341 GARY NEAL ROAD
BEAVER DAM, KY 42320

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

KELLY THOMAS

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)

FILED
2004 MAY 28 AM 8:45
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA