

**L04000085342**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700040119317

11/24/04--111054--014 \*\*125.00

04 NOV 24 PM 1:36  
DIVISION OF CORPORATION

04 NOV 24 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SIGNATURE SERVICES 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:

ROBERT G. SHERWOOD  
(Name of Person)

SIGNATURE SERVICES LLC  
(Firm/Company)

900 BANNERMAN RD.  
(Address)

TALLAHASSEE, FL. 32312  
(City/State and Zip Code)

04 NOV 24 PM 1:42  
TALLAHASSEE, FLORIDA  
STATE

For further information concerning this matter, please call:

ROBERT SHERWOOD at ( 850 ) 443-5957  
(Name of Person) (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)

**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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

SIGNATURE SERVICES LLC

### ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

926 BANNERMAN RD.  
TALL., FL. 32312

Same

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


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

ROBERT C. SHERWOOD  
Name

926 BANNERMAN RD.  
Florida street address (P.O. Box NOT acceptable)  
TALL., FL. FL 32312  
City, State, and Zip

CLERK OF COURT  
TALLAHASSEE, FLORIDA  
NOV 24 PM 1:13

*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

(CONTINUED)

**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

ROBERT G. SHERWOOD  
926 BANNERMAN RD.  
TALLAHASSEE, FL. 32312

(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.)

B. G. SHERWOOD  
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)