# L05000008/32

SECRETARY OF STATE TALLAHASSEE, LORIDA

(Re	equestor's Name)	<u></u>
(Ac	idress)	
(Ac	ldress)	·
(Ci	ty/State/Zip/Phone	e #)
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#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations  SUBJECT: Have the Display Services  (Name of Limited Liability Company)	2005 JAN 12 P 1: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
(Name of Person)	
Advotasing Display Services L	LC
1533 SW 1st WAY Suite	F 15
Derfield Beach, Florida 3 (City/State and Zip Code)	33441
For further information concerning this matter, please call:	
(Name of Person) at (954) 427  (Area Code & Daytime Telephone	7712 e Number)
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Cert (additional copy is enclosed) Cert	160.00 Filing Fee, ificate of Status & tified Copy tional 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

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2005 JAN 12 P 1: 30

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED BLABILITY OF STATENY

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Advertising Display Services, LLC

#### **ARTICLE II - Address:**

**Principal Office Address:** 

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

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

Mailing Address:

15'33 5 m 1 st Way

50th F15

Decrified Beach F1. 33441

Decrified Beach F1 33441

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

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

Name

1333 SW 13+Way Soit F. W

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

1255 Beach FL 33441

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

(CONTINUED)

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ARTICLE IV- Manager(s) or	Managing Member(s): Manager or Managing Member is as fol	11 7005 IAN LO
The name and address of each r	vianager or Managing Member is as io	110MS: 5000 OMIL 15 1: 30
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Widness Wallaging Welliott		
_MG-RM	Dale S. E 1533 SW 1st NAM Deerfield Beach	15-ton 1506 FIS 1, FI 33441
(Use attachment if necessary)		
NOTE: An additional article	must be added if an effective date is	requested.
REQUIRED SIGNATURE:		
Signature of a r	member or an authorized representative of	a member.
of this documen that the facts	with section 608.408(3), Florida Statutes, the ent constitutes an affirmation under the penalties stated herein are true.)	xecution s of perjury
·	Typed or printed name of signee	

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)