

Sent By: DANIEL HICKS P.A.;
Division of Corporations

352 351 8054;

Jun-27-05 12:14PM;

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Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

SIGNMAKER OF OCALA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
OF
SIGNMAKER OF OCALA, L.L.C.

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I
NAME

The name of the limited liability company shall be SIGNMAKER OF OCALA, L.L.C., ("Company"). The principal office and mailing address of the Company in Florida shall be 1625 North Magnolia Avenue, Ocala, Florida 34475.

ARTICLE II

This is a single member Limited Liability Company, to be managed by the Member, the single Member is Lisa Anne Nesmith, who address is 1625 North Magnolia Avenue, Ocala, Florida 34475.

ARTICLE III
PURPOSES AND POWERS

The general purpose for which the Company is organized is to conduct any lawful business for which a limited liability company may be organized under the laws of the State of Florida. The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.

ARTICLE IV
REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State of Florida is Lisa Anne Nesmith, 1625 North Magnolia Avenue, Ocala, Florida 34475.

ARTICLE V
CAPITAL CONTRIBUTIONS

The Member of the Company shall contribute to the capital of the Company the cash or property set forth as follows:

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FLORIDA

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<u>NAME</u>	<u>CAPITAL CONTRIBUTION</u>	<u>%</u>	<u>Membership Units</u>
Lisa Anne Nesmith	\$1000.00	100%	100

**ARTICLE VI
TERMINATION OF EXISTENCE (CONTINUITY OF LIFE)**

The company shall be dissolved upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of the Member.

IN WITNESS WHEREOF, the undersigned organizer have made and subscribed these Articles of Organization at Ocala, Florida, for the foregoing uses and purposes this

27th day of June, 2005.

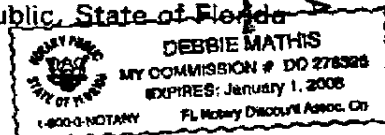
Lisa Anne Nesmith
Lisa Anne Nesmith

STATE OF FLORIDA
COUNTY OF MARION

Before me, personally appeared, Lisa Anne Nesmith, to me well known and known to me to be the person described in and who executed the foregoing Articles of Organization and acknowledged to and before me that she executed said instrument for the purposes therein expressed, and that she is personally known to me, she has produced FL Driver's License as identification.

WITNESS my hand and official seal this 27th day of June, 2005.

Debbie Mathis
Notary Public, State of Florida



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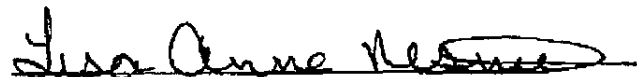
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ACCEPTANCE OF REGISTERED AGENT

I, the undersigned person, having been named as registered agent and to accept services of process for the above-stated limited liability company at the place designated in this statement, 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 obligation of my position as registered agent.

Dated, this 27th day of June, 2005.


Lisa Anne Nesmith

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**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name and address of the limited liability company is Signmaker of Ocala, L.L.C., 1625 North Magnolia Avenue, Ocala, Florida 34475.

2. The name and address of the registered agent and office is: Lisa Anne Nesmith, 1625 North Magnolia Avenue, Ocala, Florida 34475.

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.


Lisa Anne Nesmith

June 27th, 2005

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