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SECRETARY OF SMILE STATE FLANGES FLANGES FLANGES

2.14-06

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: STREET ADVERTISEMENTS (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:
THOMAS A. TRENTO (Name of Person)
(Firm/Company)
$\frac{2707}{\text{(Address)}}$
DERAY BEACH, FC 3344 FE (City/State and Zip Code)
For further information concerning this matter, please call:  THOMS A. TRENTO at (S61) 767-098 2 37
THOMS A. TRENTO at (SO) 767-098 2 87 57 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\begin{array}{ c c c c c c c c c c c c c c c c c c c
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

STREET ADVENTISEMENTS LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

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

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

Principal Office Address:	Mailing Address:
2200 YM AUR N. #3 LAKE WORTH, FL 33481	SAME)
	ered Agent. You must designate an individual of another agent are:

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

2-14-04

# ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Managing Member  MGRM" = Managing Member  Street America Group  All Worth Filling Fees:  (Use attachment if necessary)  Street America Group  All Worth Filling Fees:  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (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.)  Typed or printed name of signee  Filing Fees:			Name and Address:	
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  ALL WOLTH, FL 33444  (OPTIONAL)  ffective date is listed, the date must be specific and cannot be more than five business days prior days after the date of filing.)  REOUIRED SIGNATURE:  (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.)  Typed or printed name of signee  Typed or printed name of signee	***			
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)