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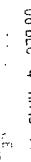
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Pep South (Name of Limite	Signs 11 ed Liability Company)	.C
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.	
Please return all correspo	ondence concerning this matt	er to the following:	
Oy,	lan J. M	iller	
,		(Name of Person)	
$ \Omega\epsilon$	ep South	Signs (Firm/Company)	
_	7	(
9	1 W.P. Str	ickland Rd.	Crowforduille F
		(Address)	••
	36	1327	
,	(City	y/State and Zip Code)	
For further information of	concerning this matter, please	call:	
Dylan (Name	of Person)	at (<u>850</u>) <u>528</u> (Area Code & Daytime 1	8-7105 Telephone Number)
Enclosed is a check fo	r the following amount:		
ρ \$125.00 Filing Fee	ρ \$130.00 Filing Fee & Certificate of Status	ρ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	p \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Addre	<u>.</u>

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:

` ' ' ' '	
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
al 40 cl . kl / D1	Q11112 C1:11 / 8/
Oran Calalla Gl 22327	91 W.P. Strickland Kd.
C100 40 mal; [[e F], 30 30 7	- Classes Av. He Fl. 3d. Ll
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	tered Agent. You must designate an individual or another
The name and the Florida street address of the r	egistered agent are:
Dylan J. M	1:1/e/
Name	
91 W.P. Strio	Kland Koli
	dress (P.O. Box NOT acceptable)
Crawfordsille	FL 32327
City, State, a	and Zip
liability company at the place designated in t registered agent and agree to act in this capac all statutes relating to the proper and complete	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of the performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S
Registered Agent's Signat	ture (REQUIRED)

Page 1 of 2

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR M	Oylan Miller, 91 W.P. Strickland Rd. Crawfordville El. 22327
(Use attachment if necessary)	· , /
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be prior to or 90 days after the date of filing.)	of filing: 12/5/06. (OPTIONAL) specific and cannot be more than five business days
REQUIRED SIGNATURE:	
Signature of a member or a	miller an authorized representative of a member.
(In accordance with section of this document constitutes that the facts stated herein	508.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)
Dy lan Typed o	Miller r 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)