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(Requestor's Name)					
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(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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SECRETARY OF STATE

Office Use Only

JOHN C. TRENTELMAN ATTORNEY AT LAW

207 NORTH MAGNOLIA AVENUE
P.O. BOX 5863
OCALA, FLORIDA
34475

REAL ESTATE
PROBATE
GENERAL PRACTICE

TELEPHONE 352-732-6977 FAX 352-732-6981

January 29, 2008

Corporate Records Bureau Division of Corporations Department of State Post Office Box 6327 Tallahassee Florida 32314

Re: ROADWAY SIGN COMPANY OF FLORIDA, LLC.

Gentlemen:

Enclosed please find original and one copy of Articles of Organization of the captioned limited liability corporation which I ask that you approve and file

Also enclosed is a check to your order in the sum of \$155.00 representing statutory filing fee, costs of certifying one copy of the Articles, the filing tax, and certificate of resident agent.

Would you kindly certify the enclosed copy and return it to me.

Very truly yours,

John C. Trentelman

JCT/vmc enclosure

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the I	Limited Liability Comp	oany is:						
ROADWAY SIGN	N COMPANY OF FL	ORIDA, LL y, "Limited Compa	C ny" or their abb	reviation "LLC,"	" or "L.C.,")			
ARTICLE II - A	ddress: ess and street address o	f the principal	office of the	a Limitad Liu	ahility Ca	mnon	i.e.	
•		•			aomiy Co	прац	y 15.	
Principal Office	Man	Mailing Address:						
5821 W. Hwy	582	5821 W. Hwy. 40						
Ocala, FL	Oca	Ocala, FL 34482						
(The Limited Liability of business entity with an	wn Registered Age of the registere 1 Mills Name	ame .						
	Street			FES				
	treet address (P.C), Box <u>NOT</u> a	cceptable)	25	<u>5</u>			
	Morriston	FL	32668		200	4		
	City, State, and Zip							
liability comp	ned as registered agent any at the place designa and agree to act in this	ited in this cert	ificate, I here	eby accept th	ie appointi	ment a	zs	

egistered 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

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	George Windell Mills 18990 SE 30th Street Morriston, FL 32668
	·
	e date of filing: (OPTIONAL) se specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	OB JAH TALLA
Signature of a member	er or an authorized representative of a member.
(In accordance with second this document const that the facts stated here.)	ction 608.408(3), Florida Statutes, the execution entitutes an affirmation under the penalties of perjury therein are true.)
	IDELL MILLS

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)