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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
TALLAHASSEE, FLOBIR.

D. BRUCE

AUG 10 2009

EXAMINER

COVER LETTER

	gistration Section vision of Corporations	
SUBJECT:	NEON LIGHT & SIGNS, LLC	
	Name of Limited Liability Company	
The enclose	d Articles of Organization and fee(s) are submitted for filing.	
Please return	n all correspondence concerning this matter to the following:	
	Francis M. Boyer, Esq.	
	Name of Person	
	Boyer Law Office, PLLC	
	Firm/Company	
	8777 San Jose Blvd. Suite 803	
	Address	
	Jacksonville, Florida 322 56 /7	90
	City/State and Zip Code	AUG T
	boyer@boyer-law.com E-mail address: (to be used for future annual report notification)	1
For further in	nformation concerning this matter, please call:	
	Francis M. Boyer, Esq. at (904) 236-5317 Francis M. Boyer, Esq. at (904) Area Code & Daytime Telephone Number	•
Englandia	·	
_	a check for the following amount:	
<u>J\$125.00 Fi</u>	ling Fee \$\bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}\$\bigcup \\$155.00 \text{ Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}\$	
	Mailing Address Registration Section Division of Corporations Street/Courier Address Registration Section Division of Corporations	
	P.O. Box 6327 Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name of the Li	ne: mited Liability Company	is:	
	NEON LIGHT 8	SIGNS, LLC	
(Mı	ist end with the words "Limited Li	iability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Ad The mailing addres		e principal office of the Limited L	iability Company is:
Principal Office A	<u> ddress:</u>	Mailing Address:	
5 cour du vieux p PONTCARRE, F		5 cour du vieux puits PONTCARRE, FRANCE	77135
(The Limited Liability Co business entity with an	ompany cannot serve as its own Ro active Florida registration.) Florida street address of the Francis M.	red Office, & Registered Agent' egistered Agent. You must designate an indi ne registered agent are: . Boyer, Esq. me	vidual or another 09 AUG - 7 SECRETARY ALLAHASSE
	8777 San Jose	e Blvd. Suite 803	PH 2: PF STA
		P.O. Box NOT acceptable)	
	Jacksonville FL 322	17 _{FL}	A A
	City, Stat	te, and Zip	
liability compa registered agent a statutes relating	ny at the place designated nd agree to act in this capa to the proper and complete	to accept service of process for the in this certificate, I hereby accept to city. I further agree to comply with performance of my duties, and I are gistered agent as provided for in a grature (REQUIRED)	the appointment as th the provisions of all um familiar with and

(CONTINUED)

Page 1 of 2

'MGR" = Mana 'MGRM" = Ma	ger naging Member	Name and Address:
MGRM		HUGHES RAULIN
		5 cour du vieux puits
		PONTCARRE, FRANCE 77135
,		
		
		
Use attachment	t if necessary)	
LEV: Effective	date, if other than the	date of filing: (OPTION
LEV: Effective	date, if other than the	date of filing: (OPTION e specific and cannot be more than five business of
LE V: Effective fective date is li	e date, if other than the sted, the date must be late of filing.) IGNATURE:	e specific and cannot be more than five business of
LE V: Effective fective date is li days after the d	e date, if other than the sted, the date must be late of filing.) IGNATURE:	e specific and cannot be more than five business of
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LE V: Effective fective date is li days after the d	e date, if other than the sted, the date must be late of filing.) IGNATURE: Signature of a member of this document constitute the facts stated here.	er specific and cannot be more than five business of the control o