10000052181

(Requesto	or's Name)
(Address)	.
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing (Officer:

Office Use Only



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DIVISION OF CERPORATION

T. HAMPTON
MAY 1 4 2010
EXAMINER

COVER LETTER

то:

Registration Section **Division of Corporations**

SURJECT: In Your F	ace Signs and Graphi	cs, LLC	
	<u> </u>	ed Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspondent	ondence concerning this matt	ter to the following:	
Phil Cohen			
		Name of Person	
In Your Face S	ligns and Graphics, LLC		
		Firm/Company	
10355 Little Mu	ıstang Way		
		Address	
Lake Worth, Fl	. 33449		
	Cit	y/State and Zip Code	
pagetumer16@			
	E-mail address: (to be used f	or future annual report notification)	
For further information c	oncerning this matter, please	call:	
Phil Cohen		at (954) 551-1395	
Name o	f Person	Area Code & Daytime Tel	ephone Number
Enclosed is a check for	the following amount:		
■\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION	FOR FLORIDA ENVITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Con	npany is:
In Your Face Signs and Graphic	
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LL.C.")
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10355 Little Mustang Way	10355 Little Mustang Way
Lake Worth, FL 33449	Lake Worth, FL 33449
The name and the Florida street addres Phil Cohen	
	Name
10355 Little Must	ang Way
	a street address (P.O. Box NOT acceptable)
Lake Worth, FL	FL 33449
	City, State, and Zip
liability company at the place design registered agent and agree to act in this statutes relating to the proper and each	nt and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as is capa oity. I further agree to comply with the provisions of all implete performance of my duties, and I am familiar with and in as registered agent as provided for in Chapter 608, F.S
Registered Age	nt's Signature (REQUIRED)

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:

Way
Way
Way
Way
/
e more than five business days
entative of a member.
entative of a member. atutes, the execution the penalties of perjury
atutes, the execution he penalties of perjury
atutes, the execution
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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)