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| (Re | equestor's Name) | |
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| bA) | ldress) | , |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE
TAIL AHASSEE. FLORIDA

T. CLINE

JUN 15 2010

EXAMINER

COVER LETTER

| TO: | Registration Division of C | | | |
|----------------|-------------------------------|---|--|--|
| SUBJ | ECT: SHEFF | FER ADVERTISING, LLC | The state of the s | |
| | | Name of Limit | ted Liability Company | |
| The er | closed Articles | of Organization and fee(s) are | submitted for filing. | |
| Please | return all corre | spondence concerning this mat | ter to the following: | · |
| | LOREN SHE | EFFER | | |
| | | | Name of Person | |
| | SHEFFER A | ADVERTISING, LLC | - | |
| | | | Firm/Company | |
| | 2600 COLO | NIAL BLVD | | |
| | | | Address | SEC |
| | FT. MYERS, | , FL 33907 | | SECRETAR'S FALLAHASS |
| | | Cit | ty/State and Zip Code | SSS. |
| | ADMIN@VO | LVOFM.COM | | ~~~ |
| | | E-mail address: (to be used | for future annual report notification) | 70 金 |
| For fu | ther information | n concerning this matter, please | e call: | AH W: 17 OF STATE OF STATE OF STATE |
| NILA | FUZIA | | at (239) 313-4400 | |
| | Nam | e of Person | Area Code & Daytime Telep | phone Number |
| Enclo | sed is a check | for the following amount: | | |
| □ \$125 | .00 Filing Fee | □\$130.00 Filing Fee & Certificate of Status | □\$155.00 Filing Fee & □ 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 C Tallahassee, FL 32301 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| (Must end with the words " | mited Liability Company, "L.L.C.," or "LLC.") |
|--|---|
| ARTICLE II - Address: | |
| The mailing address and street addre | of the principal office of the Limited Liability Company |
| Principal Office Address: | Mailing Address: |
| 2600 COLONIAL BLVD | 2600 COLONIAL BLVD |
| FT. MYERS, FL 33907 | FT. MYERS, FL 33907 |
| ARTICLE III - Registered Agent. | egistered Office. & Registered Agent's Signature: |
| (The Limited Liability Company cannot serve as business entity with an active Florida registration.) The name and the Florida street address. | ss of the registered agent are: |
| (The Limited Liability Company cannot serve as business entity with an active Florida registration | s own Registered Agent. You must designate an individual or another so of the registered agent are: |
| (The Limited Liability Company cannot serve as business entity with an active Florida registration.) The name and the Florida street address. | s own Registered Agent. You must designate an individual or another ses of the registered agent are: PRS, LLC Name |
| (The Limited Liability Company cannot serve as business entity with an active Florida registration.) The name and the Florida street address SHEFFER MOT 2600 COLONIA | s own Registered Agent. You must designate an individual or another ses of the registered agent are: PRS, LLC Name |
| (The Limited Liability Company cannot serve as business entity with an active Florida registration.) The name and the Florida street address SHEFFER MOT 2600 COLONIA | s own Registered Agent. You must designate an individual or another sets of the registered agent are: ORS, LLC Name BLVD |

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

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

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

| Title: | Name and Address: | |
|---|--------------------------------|-------------------------------|
| "MGR" = Manager "MGRM" = Managing Member | | |
| MGRM | LOREN SHEFFER | |
| | 4128 FRANCES DRIVE | |
| | DELRAY BEACH, FL 33445 | |
| MGRM | NILA FUZIA | |
| | 2600 COLONIAL BLVD | |
| | FT. MYERS, FL 33907 | |
| (Use attachment if necessary) | | SECRETARY OF STALLAHASSEE, FL |
| • | | STATI |
| CLE V: Effective date, if other than th | e date of filing: JUNE 7, 2010 | (OBTIONA |
| ffective date is listed, the date must l days after the date of filing.) | | n five business day |

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Elorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

that the facts stated herein are true

LOREM SHEFFER

Typed or 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)