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EXAMINER

SECRETARY OF STATE

## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations		
SUBJECT: Lookout Outdoor Adve	ertising, LLC	
Name of Lin	nited Liability Company	
The enclosed Articles of Organization and fee(s) as	re submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Hugh M Palmer		
	Name of Person	
	Firm/Company	
PO Box 2187`		
	Address	
Winter Park, FL 32790		
	City/State and Zip Code	
E-mail address: (to be use	d for future annual report notification)	
For further information concerning this matter, ple	ase call:	
Hug M Palmer	at ()	
Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\times\$ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	
Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Liability Company is:

Principal Office Address:	Mailing Address:
1150 Louisiana Ave	PO Box 2187
Suite 6A	Winter Park, FL 32790
Winter Park, FL 32789	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Hugh M Palmer	
	Name
1150 Louisian	na Ave, Suite 6A
Florida s	treet address (P.O. Box NOT acceptable)
Winter Park,	<sub>FL</sub> 32789
	City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the properties 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 1997.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	Name and Address:	
"MGRM" = Managing Men	mber	
MGR	Hugh M Palmer	
	PO Box 2187	
	Winter Park, FL 32790	-
		-
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	ry) er than the date of filing: (OPTIO	)NAL)
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)