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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please 3

Email Address:

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Division of Corporations

FLORIDA LIMITED LIABILITY CO. ETC SIGNS, LLC

Certificate of Status	Ô
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Page Count	04
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COVER LETTER

TO:		istratio sion of		ection porations				
SUBJEC	, T	ETC S	gns,	LLC				
2010/20	Ç1;	···		Name of Limi	ite	d Liability Company		
The encl	losed	Article	s of	Organization and fee(s) are	8 81 .	abmitted for filing.		
Picaso re	etura	all com	zpo	ndence concerning this ma	itter	r to the following:		
5	Shanc	a Keel						
-						Name of Person	-	
ì	VRA	(Carpo	nto	Services, Inc.				
-					_	Firm/Company	-	
1	101 9	V Vanda	dia (St., Stc 245				
-				-		Address	_	
F	Edwa	rdsville	, IL	62025				
_				С	ity	/State and Zip Code	_	
2	ρ_{μ}	<u>ښ.</u>	50		Q y	r future annual report notification)	4	and on the con-
For furth	er in	formatic	on c	oncerning this matter, pleas	SC (all:	=	दशकाता है
Bebi	Ŋ	Sch Na	no o	I Person		st (660) 882-9333 FFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFF	~` ₹	
Enclose	d is	a check	; foi	the following amount:		STATE	င္သာ င္သာ	
3\$ 125.0	o Fil	ing Fe	•	☐\$130.00 Filing Fee & Certificate of Status		Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status of Certified Copy (additional copy is enclosed)	-	
				Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	ı	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

ARTICLE I - Name: The name of the Limited Liability Company is:		
ETC Signs, LLC (Must end with the words "Limited Liability)	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liab	ility Company is:
Principal Office Address:	Mailing Address:	
1200 Solta Pine Islam Kand Plantistion FL 33324		Stelo3, PMB 3419
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's S ored Agent. You must designate an individu	に Manage Apple 1
The name and the Florida street address of the r	registered agent are:	
NRAI Servi	ices, Inc.	CO P
Name		
1200 South Pine	Island Road	r(/.
Florida street ado	iress (P.O. Box <u>NOT</u> acceptable)	35 ci 🔘
Plantation	FL 33324	8: 33 ORIDA
City. Str	ate, and Zip	>
•	accent comiles of process for the a	hove stated limited

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 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)

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"MGRM" = Managing Member	
MGR	TWR Group, LLC
	2101 W Broadway Ste 103 PMB 345
	Columbia, MO 65203
	·
<u></u>	
CLE V: Effective date, if other than the effective date is listed, the date must or 90 days after the date of filing.)	he date of filing: (OPTIONAL) ust be specific and cannot be more than five business da
,	TALE 13
REQUIRED SIGNATURE:	JUL CRET
La fata	111 SSE 2
	ber or an authorized representative of a member.
Signature of a memi	08.408(3), Florida Statutes, the execution of this document
(In accordance with section of constitutes an affirmation und I am aware that any false info	er the penalties of perjury that the facts stated herein are such rmation submitted in a document to the Department of state my as provided for in s.817.155, F.S.)
(In accordance with section of constitutes an affirmation und I am aware that any false info	for the penalties of perjury that the facts stated herein artifacts.
(In accordance with section of constitutes an affirmation und I am aware that any false info constitutes a third degree felo. Christopher Martin	for the penalties of perjury that the facts stated herein artifacts.

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