14000113639

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 3, 2014

ROYCE SCOFIELD 3631 N. HWY 231 PANAMA CITY, FL 32404

SUBJECT: LB SIGNS, LLC Ref. Number: W14000041249 2014 JUN 30 PM 2: 05

We have received your document for LB SIGNS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P00000008143.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 914A00014404

· COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: LB SIGNS, LLC		
		imited Liability Company	
	<i>\$</i>		
The en	closed Articles of Organization and fee(s)	are submitted for filing.	
Please	return all correspondence concerning this	matter to the following:	
			75
	ROYCE SCOFIELD		
		Name of Person	ZON JUN 30
			%¥ 38
	ROYCE SCOFIELD, LLC		
		Firm/Company	55 13
			20 S
	3631 N. HWY 231		Sun or
		Address	
•			
	PANAMA CITY, FL, 32404	Challenger and The Code	
		City/State and Zip Code	
_80	coroy@aol.com F-mail address: (to be us	sed for future annual report notification)	
For fu	ther information concerning this matter, pl	ease call:	
Royce		(850) 481-0358	_
	. Name of Person	Area Code Daytime Telephone Number	
P (alian dad Calania		
	ed is a check for the following amount:	_	
☑ \$125.6	0 Filing Fee \$\sum	☐\$155.00 Filing Fee & ☐\$160.00 Fil Certified Copy Certificate	ing Fee, of Status &
	Certificate of Status	(additional copy is enclosed) Certified C	
			py is enclosed)
	Mailing Address	Street/Courier Address	
	Registration Section Division of Corporations	Registration Section Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314		
		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

LB Signs Inc. % Florida Dept of Corporations

I John L Boll am a register agent of
LB Signs Fre and do affirm that wp
have no intention of reinstating L.B. Signs lue
at any time. I am releasing LB Signs lue. to be
used.

That Bel' Register agent / Director

And Bell

ZGIN ZIN 30 KM 2: 05

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
LB SIGNS, LLC				
(Must end with the words "Limited I	iability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
LB SIGNS, LLC 2617 S. HWY 77. SUITE B LYNN HAVEN, FL, 32444	LB SIGNS, LLC P.O. BOX 285 LYNN HAVEN, FL. 32444			
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	Registered Agent. You must designate an	individu	ıal or	
The name and the Florida street address of the registered a	igent are:			
JOHN L. BELL. II				
Name				
2617 S. HWY 77. SUITE B Florida street address (P.O. Box)	NOT acceptable)			
LYNN HAVEN	FL 32444			
City	Zip			
William Mall	the appointment as registered agent and of fall statutes relating to the proper and co	agree to complete p	act in th erforma	is ince
(CONTINUE	.D)	t .	2814	
Page 1 of 2			<u>.</u>	1° .

H. 凯N 30 FM 2: 0:

Title: "AMBR" = Authorized Member "MGR" = Manager MGR JOHN L. BELL, II 3322 WOODYMARION CHIPLEY, FL. 32428 AMBR JOHN L. BELL P.O. BOX 285 LYNN HAVEN, FL. 32444 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: JUNE 24, 2014 (OPT lective date is listed, the date must be specific and cannot be more than five business days of filing.) LE VI: Other provisions, if any.	ed Member
MGR JOHN L. BELL, II 3322 WOODYMARION CHIPLEY, FL. 32428 AMBR JOHN L. BELL P.O. BOX 285 LYNN HAVEN, FL. 32444 (Use attachment if necessary) E V: Effective date, if other than the date of filing: JUNE 24, 2014 ective date is listed, the date must be specific and cannot be more than five business days of filing.)	IOHNI PELL N
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REQUIRED SIGNATURE:	Signature of a member or an authorized representative of a member.
Signature of a member or an authorized representative of a mem (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of the constitutes an affirmation under the penalties of perjury that the facts stated hereing I am aware that any false information submitted in a document to the Department constitutes a third degree felony as provided for in s.817.155, F.S.)	an affirmation under the penalties of perjury that the facts stated herein are true. that any false information submitted in a document to the Department of State
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