L 16000052440

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

MAR 1 6 2016 T. SCOTT



100282628541

03/07/16--01011--020 **130.00

16 MAR -7 AM II: 00

SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: GUIF COAST INDOOR BILLOARDS L.LC. Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
PHILIP ORENSTEIN Name of Person
GUIF COAST INDOOR BILL DONES. UC Firm/Company
14401 BAID EAGLE DR Address
FT MYERS F1. 33912
FT MYERS F1. 33912 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PHILIP OKENSTEIN at (239) 980 2860 Name of Person Area Code Davime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} S155.00 Filing Fee & Certificate of Status & Certificate & Certificate & Certificate & Certificate & Certificate &
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AI	₹T	K	CL	Æ	ı	-	N	a	me:	
----	----	---	----	---	---	---	---	---	-----	--

The name of the Limited Liability Company is:

Gulf Coast Indoor Billboards LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
14401 BAID EAGLE DR.	14401 BAJGEAGLEDR
FT MYERS F1 33912	FT MYERS FI
	<u> </u>

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:

Philip Orenstein

Name

14401 BaldEagle DR

Florida street address (P.O. Box NOT acceptable)

FT MyERS F1 339/2

City State 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 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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

DIVISION OF CORPORATIONS
16 MAR -7 AN II: 00

Title: "AMBR" = Authorized Member	Name and Address:
MGR" = Manager	PHILIP ORENSTEIN
HIMPK	14401 BAID EAGLE DR.
110 D	FT MORS F1 33912
MRK	TRYDY DRENSTEIN
	FF MUPLS #1 2-91
	•
V: Effective date, if other than the date entire date is listed, the date must be specifiling.)	ecific and cannot be more than five business days prior to or 90
filing.)	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the date entire date is listed, the date must be sperfilling.) the date inserted in this block does not ment's effective date on the Department of	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will no
V: Effective date, if other than the date entire date is listed, the date must be specifiling.) he date inserted in this block does not ment's effective date on the Department of VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will no
CV: Effective date, if other than the date entire date is listed, the date must be specifiling.) the date inserted in this block does not ment's effective date on the Department of the CVI: Other provisions, if any. REQUIRED SIGNATURE	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not of State's records.
CV: Effective date, if other than the date entire date is listed, the date must be specifiling.) he date inserted in this block does not ment's effective date on the Department of CVI: Other provisions, if any. Signature of a ment of the document is executed.	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes.
CV: Effective date, if other than the date entire date is listed, the date must be specifiling.) he date inserted in this block does not ment's effective date on the Department of CVI: Other provisions, if any. Signature of a ment of the document is executed and aware that any false constitutes a third degree.	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State.
CV: Effective date, if other than the date entire date is listed, the date must be specifiling.) he date inserted in this block does not ment's effective date on the Department of CVI: Other provisions, if any. Signature of a ment of the document is executed and aware that any false constitutes a third degree.	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State.
CV: Effective date, if other than the date entire date is listed, the date must be specifiling.) the date inserted in this block does not ment's effective date on the Department of the Course of a ment's effective date on the Department of the Course of a ment's effective date on the Department of the Course of a ment's effective date on the Department of the Course of the Cou	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State.
EV: Effective date, if other than the date entire date is listed, the date must be specifiling.) the date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any. Signature of a ment of this document is executed and aware that any false constitutes a third degree.	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State

Page 2 of 2