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Special Instructions to Fi	ling Officer:	





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2021 JAN -8 PH 2: 31 SECECT: 1 OF STAT

COVER LETTER TO: **New Filing Section Division of Corporations** Sign Factor Holdings, LLC SUBJECT: 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: Derik Fay Name of Person Sign Factor Holdings, LLC Firm/Company 12155 Metro Parkway #19-20 Address Fort Myers, FL 3396 City/State and Zip Code otherdocsforus@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 888 650-3738 Lura Barua at (Daytime Telephone Number Area Code Name of Person Enclosed is a check for the following amount: □\$160.00 Filing Fee, □\$155.00 Filing Fee & ■\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

f known) Will wait AMENDMENTS
Will wait
<u>AMENDMENTS</u>
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AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalConversionMerger
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ademark Other

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

(850) 524-5437 (850) 524-6243

TALLAHASSEE, FL 32309



January 8, 2021

FLORIDA CAPITAL COURIER

SUBJECT: SIGN FACTOR HOLDINGS, LLC Ref. Number: W21000001741

We have received your document for SIGN FACTOR HOLDINGS, 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 zip code is not complete.

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) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 521A00000409

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2021 JAN -8 PH 2: 31

SECRETARY OF STATE TALLER TESTS. FL

Sign Factor	Holdings,	LLC
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(Must contain 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:
12155 Metro Parkway #19-20	12155 Metro Parkway #19-20
Fort Myers, FL 3396 ω	Fort Myers, FL 3396 6

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:

Corporation Service	Company		
	Name		
1201 Hays Street			
Florida street address (P.O. Box NOT acceptable)			
Tallahassee	Florida	32301	
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)

	Title: "AMBR" = Authorized Member	Name and Address:		
	"MGR" = Manager			
	MGR	3F MANAGEMENT, LLC 5248 Red Cedar Dr Fort Myers, FL 33907		
	AMBR	RONALD A JOHNSON 4904 28TH ST SW LEHIGH ACRES, FL 33973	2021	
			2021 JAN -8 PM	
	(Use attachment if necessary)	ATE	2: 31	Ţ
ARTICL! (If an effethe date of Note: If	E V: Effective date, if other than the daterive date is listed, the date must be stilling.)	ate of filing:		
ARTICLI	E VI: Other provisions, if any,			
	REQUIRED SIGNATURE:			
		Denk Fay		
	This document is exec I am aware that any fa	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b). Florida Statutes, also information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.		

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)