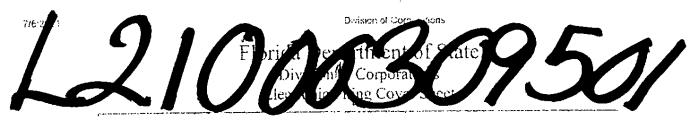
To: 18506176381



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 128000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

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

Email Address:___

FLORIDA LIMITED LIABILITY CO. ALL DIMENSION SIGNS LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLOR	RIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
ALL DIMENSION SIGNS LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: Mailing Address:
9805 NW 80th AVE HIALEAH, FL 33016	9805 NW 80th AVE HIALEAH, FL 33016
ARTICLE III - Registered Agent, Registered Office, & R (The Limited Liability Company cannot serve as its own Reg another business earlity with an active Florida registration.)	egistered Agent's Signature: istered Agent. You must designate an individual or
The name and the Florida street address of the registered age	nt are:
JONATHAN DAVID NU	JBAN

Name

9805 NW 80th AVE

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

HIALEAH FL 33016
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)

2021 JUL -6 AM 4: 05 SECRETARY OF STATE * Page: 4 of 4

Title: "AMHR" = Authorized Member "MGR" = Manager	Name and Address:
-	JONATHAN DAVID NUBAN
AMBR	9805 NW 80th AVE HIALEAH, FL 33016
	HIALEAH, FL 33016
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	
(Use attachment if necessary)	
`	Annual Course (OPTIONAL)
CLEV: Effective date, if other than the	the date of filing: (OPTIONAL)
CLEV: Effective date, if other than the effective date is listed, the date must	te date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days
CLEV: Effective date, if other than the effective date is listed, the date must are of filing.)	be specific and cannot be more than five business days prior to or 90 days
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ICLE V: Effective date, if other than the effective date is listed, the date must ate of filing.) : If the date inserted in this block does occurrent's effective date on the Depart ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Constant Date Signature of Signatur	be specific and cannot be more than five business days prior to or 90 days so not meet the applicable statutory filing requirements, this date will not be litment of State's records.

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)

JONATHAN DAVID NUBAN

\$ 5.00 Certificate of Status (Optional)