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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Consider Instructions to Filips Office				
Special Instructions to Filing Officer:				
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Spira, Beadle & McGarrell, P.A.

. Attorneys & Counselors at Law

5205 Babcock Street, N.E. Palm Bay, Florida 32905

Jack B. Spira James P. Beadle Thomas P. McGarrell Stephen E. Spira Telephone: (321) 725-5000 Facsimile: (321) 724-6008

Of Counsel Michelle Stein Spira December 19, 2006

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: TOTAL TRANSFER, LLC

Enclosed please find original and one copy of Articles of Organization for the above-referenced Limited Liability Corporation and check in the amount of \$160.00 payable to the Secretary of State representing the filing fee, Certificate of Status and Certified Copy.

If you have any questions or require further information, please advise

Thank you for your assistance in this matter.

Sincerely.

JACK B. SPIRA

JBS/jls Enclosures

COVER LETTER

10:	Registration Section
	Division of Corporations

SUBJECT: TOTAL TRANSFER, LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida...

Please return all correspondence concerning this matter to the following:

(Name of Person)	
	ZION SEC ALL
SPIRA, BEADLE & MCGARRELL, PA	
(Firm/Company)	26 26 26
	شرانا
5205 BABCOCK STREET, NE	rien C
(Address)	302
	0A
PALM BAY, FLORIDA 32905	
(City/State and Zip Code)	

For further information concerning this matter, please call:

JACK B. SPIRA	at (321) 725-5000	
(Name of Person)	(Area Code & Daytime Telephone Number)	
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
,	Tallahassee, FL 32301	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TOTAL TRANSFER, LLC
(Name of Foreign Limited Liability Company)
2. MISSOURI (Jurisdiction under the law of which foreign limited liability 3. 36-4593004 (FEI number, if applicable)
company is organized)
4. AUGUST 16, 2006 (Date of Organization) 5. (Duration: Year limited liability company will cease to
(Date of Organization) (Duration: Year limited flability company will cease to exist or "perpetual")
6. AUGUST 16, 2006 (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 901 E. ST. LOUIS, 20TH FLOOR
SPRINGFIELD, MO 65806
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
MICHAEL E. WYCKOFF Signal Sign
2041 AGORA CIRCLE
PALM BAY, FLORIDA 32909
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: ROOFING
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
MICHAEL E. WYCKOFF
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

TOTAL TRANSFER, LLC

2. The name and the Florida street address of the registered agent and office are:

MICHAEL E. WYCKO	OFF	ZIIII TALL
	DEC 2	
2041 AGORA CIRC		
Florida Street Add	OF STA	
PALM BAY,	FL 32909	
	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 608, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)





Robin Carnahan Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

TOTAL TRANSFER, L.L.C. LC0758313

was created under the laws of this State on the 16th day of August, 2006, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 12th day of December, 2006



Certification Number: 9256228-1 Reference: