M08000003439

(Requestor's Name)
(Address)
(Address)
(Addless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500132700335

07/22/08--01022--021 **155.00

SECRETARY OF STATE

T. HAMPTON

JUL 2 3 2008

EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations		
SUBJECT: SIGN LAB MEDIA 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:		
DEBORAH GOTTLIEB		
(Name of Person)		
SIGN LAB MEDIA LLC		
(Firm/Company)		
41 Grand AVENUE 2nd floor		
(Address)		
River Edge, NT 07661		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Deborah Cottlieb at (201) 705-1454 (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 32314 Tallahassee, FL 32301		
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc		

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 FOREI LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
SIGN LAB MEDIA LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writ consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2. DEAWARE (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
company is organized)
4. 9/17/2007 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. 7/15/2008
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 41 Grand Avenue, and floor
River Edec, NT 07661
8. If limited liability company is a manager-managed company, check here \(\) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Deborah Gottlieb, Sign hav Media LLC
41 Grand Avenue, 2nd floor
River Edge, Ng 07661
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:
outdoor advertising
Dolmah Statter
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.)
Deborah Gottlieb
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:	
SIGN LAB MEDIA LLC	
If name unavailable, the alternate name to be used in the state of Florida	is:
2. The name and the Florida street address of the registered agent and of	fice are:
Jon Dean Liberty Medice (Name)	
11714 NE 62nd Terrace Su Florida Street Address (P.O. Box NOT ACCEPTABLE	
The Villages, FL 32162	
Having been named as registered agent and to accept service of process for liability company at the place designated in this certificate, I hereby accept agent and agree to act in this capacity. I further agree to comply with the p relating to the proper and complete performance of my duties, and I am fam obligations of my position de registered agent as provided for in Chapter 60 (Signature)	the appointment as registered rovisions of all statutes iliar with and accept the
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)	

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SIGN LAB MEDIA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF JULY, A.D. 2008.

4424279 8300

080760626

Warriet Smith Windsor, Secretary of State

AUTHENTICATION: 6710608

DATE: 07-07-08

You may verify this certificate online at corp.delaware.gov/authver.shtml