

L21000007762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

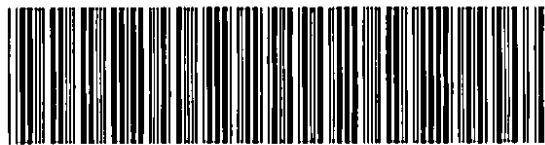
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/08/21--01002--000 **125.00

2021 JAN -7 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FL

2021 JAN -8 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. Sign Factor Fort Meyers LLC

Name

Document Number (if known)

Walk in

Will wait

Certified Copy of the Articles of Organization

Certificate of Status

NEW FILINGS

Profit

Not for Profit

Limited Liability

Domestication

INC

OTHER

AMENDMENTS

Amendment

Resignation of R.A. Officer/Director

Change of Registered Agent

Dissolution/Withdrawal

Conversion

Merger

OTHER FILINGS

Annual Report

Fictitious Name

Statement of Authority

APOSTIL () _____
COUNTRY

REGISTRATION/QUALIFICATIONS

Foreign Filing

Limited Partnership

Reinstatement

Trademark

Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Sign Factor Fort Myers, LLC

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 Fort Myers, 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:

Lura Barua at (**888**) **650-3738**

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2021

FLORIDA CAPITAL COURIER

SUBJECT: SIGN FACTOR FORT MYERS, LLC
Ref. Number: W21000001735

We have received your document for SIGN FACTOR FORT MYERS, 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: 021A00000409

2021 JAN -9 PM 1:25
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

2021 JAN -8 PM 2: 27

SECRETARY OF STATE
TALLAHASSEE FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sign Factor Fort Myers, LLC

(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

Fort Myers, FL 33966

12155 Metro Parkway #19-20

Fort Myers, FL 33966

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)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Sign Factor Holdings, LLC
12155 Metro Parkway #19-20
Fort Myers, FL 3396

SECRETARY OF STATE
TALLAHASSEE, FL

2021 JAN -8 PM 2: 27

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Derik Fay

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Derik Fay

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)