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Florida Department of State
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : FREEBORN & FREEBORN, P.A.
Account Number : 075142002301
Phone : (727)733-1900
Fax Number : (727)733-6362

Thomas NOV 15 2005

LIMITED LIABILITY COMPANY

Graphic Odds & Ends, L.L.C.

Certificate of Status	0
Certified Copy	0
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**ARTICLES OF ORGANIZATION
OF
GRAPHIC ODDS & ENDS, L.L.C.**

ARTICLE I

Name

The name of the limited liability company ("Company") is GRAPHIC ODDS & ENDS, L.L.C.

ARTICLE II

Address

The mailing and street address of the Company's principal office is: 1241 Royal Oak Drive, Dunedin, Florida 34698.

ARTICLE III

Duration

The period of duration for the Company is perpetual, beginning on the date that these Articles of Organization are filed by the Florida Department of State.

ARTICLE IV

Registered Agent and Office

The name of the Company's initial registered agent in Florida is Alison K. Freeborn. The address of the Company's registered office in Florida is 360 Monroe Street, Dunedin, Florida 34698.

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ARTICLE V

Management

The Company is to be managed by a manager or managers. The initial managers will serve until the first annual meeting of the members or until the managers' successors are elected and qualified. The initial managers are identified as Sheryl Davis Kinkead and Ronald Kinkead, whose address is 1241 Royal Oak Drive, Dunedin, Florida 34698.

ARTICLE VI

Admission of Additional or New Members

Members of the Company have the right to admit new members. Additional or new members may be admitted only on the unanimous written consent of the existing member or members, and the existing member or members shall determine the amount and nature of contributions to be made by the additional or new members at the time those new members are admitted.

ARTICLE VII

Continuance of Business

The remaining member or members of the Company have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company. The business may be continued only on the unanimous written consent of the remaining member or members.

ARTICLE VIII

Additional Provisions

The power to adopt, alter, amend or repeal the regulations of the Company is vested entirely in the managers listed in Article V.

IN WITNESS WHEREOF, I have executed the Articles of Organization on this 15 day of November, 2005, at Dunedin, Florida.


Sheryl Davis Kinkead

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STATE OF FLORIDA

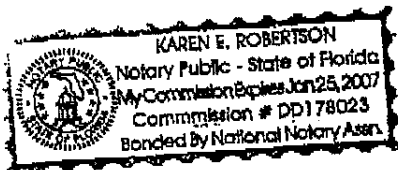
COUNTY OF PINELLAS

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State of Florida and County of Pinellas to take acknowledgments, personally appeared SHERYL DAVIS KINKEAD, personally known to me to be the person described in and who executed the foregoing Articles of Organization, (or who identified herself by _____), and who took an oath.

15 WITNESS MY HAND and official seal in the County and State aforesaid, this day of November, 2005.

Karen E. Robertson

Notary Public
My Commission Expires:



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE OF GRAPHIC ODDS & ENDS, L.L.C.

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered office/registered agent in the State of Florida:

- 1. The name of the limited liability company is GRAPHIC ODDS & ENDS, L.L.C.
- 2. The name and address of the registered agent and office is ALISON K. FREEBORN, 360 Monroe Street, Dunedin, Florida 34698.

Having been named as registered agent and to accept service of process for the above named 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.

Dated: 11/15/05

Alison K. Freeborn
Alison K. Freeborn

STATE OF FLORIDA
COUNTY OF PINELLAS

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State of Florida and County of Pinellas to take acknowledgments, personally appeared ALISON K. FREEBORN, personally known to me to be the person described in and who executed the foregoing Certificate of Registered Agent and Address, (or who identified herself by _____), and who took an oath.

WITNESS MY HAND and official seal in the County and State aforesaid, this 15 day of November, 2005.

Karen E. Robertson
Notary Public
My Commission Expires:

