

Division of Corporations Public Access System

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ጥo:

Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : T20000000019
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

D.P.I. GRAPHIC PRODUCTION LLC.

Certificate of Status	0
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T. CLINE

MAY - 5.2009

EXAMINER

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H09000113580

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
D. P. I. GRAPHIC PRO (Must end with the words "Limited Liability	O DIVE TION LLC ty Company, "L.L.C.," or "LLC.")	<u> </u>	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liz	ability Company is:	
Principal Office Address:	Mailing Address:	•	
13620 BELHONT DR. CUTTER BAY 33157 MIANI, F.L.	SAME	2009 HAY -	•
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's cred Agent. You must designate an indivi	Signature:	
The name and the Florida street address of the remainder	-	8: 29 STATE LORIDA	
18620 BFIM Florida street add	ress (P.O. Box NOT acceptable)		
CUTLER BAY 3315	37FL		

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, F.S.

City, State, and Zip

(CONTINUED)
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ARTICLE IV- Manager(s) or Managing Member(s):

MGRH		18620 BELLONY P.R.
		CUTTER BAY, 33157
•		
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	• ·	
		ASE 200
		SECRET ALLAHA
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(Use attachment if nec	essary)	A A
W 15 15 15 15 15 15 15 15 15 15 15 15 15		ne date of filing: <u>05 - 04 - 2009</u> (OPTIONAL) \(\sqrt{\chi} \)
LE V: Effective date,	if other than th	he date of filing: $OB - OA - COO$ (OPTIONAL) be specific and cannot be more than five business days pro-

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of parjury that the facts stated herein are true.)

BENITEZ Typed or printed name of signes

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)

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