1010000 22073



SERVICES, INC.

655 Lambert Drive, NE = Atlanta, GA 30324-4125

City/State/Zip

CR2E031(7/97)

Phone #

	Office Use Only
CORPORATION NAME(S) & DOCUM	TENT NUMBER(S), (if known):
1. REPROGRAPHICS (Corporation Name) 2. (Corporation Name)	Z LL (Document #)
2. Wo/-	- Z8863
2	3000047260432 -12/14/0101024004
(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Certified Copy
☐ Mail out ☐ Will wait	Photocopy
NEW FILINGS	AMENDMENTS 5 CENT
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other
ı	Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 18, 2001

IMAGING TECHNOLOGIES 655 LAMBERT DRIVE NE ATLANTIC, GA 30324-4125

SUBJECT: REPROGRAPHICS2 LLC

Ref. Number: W01000028863

We have received your document for REPROGRAPHICS2 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):

Please note that we do not have a "squared" key, so we cannot show the name as you do; the only way we can show the name is as it appears above.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6958.

Lee Rivers Document Specialist

Letter Number: 301A00066205

DIVISION OF CORPORATIONS





To: LEE RIVERS	From:	KEN	WALSON	
Fax: (850) 4/0 - 1015	Pages:	(2)		
Phone:	Date	12/19/01		
Par Hetular of On	CC: e Comment	☐ Please R	eply 🗌 Pleas	se Recycle
THANKS FOR All	Your	Help.	Please	CA 11
with May Questois	. (40	4) 3/6-42	41 (2511)	,
	(904)	399-89	44 COFFICE	<i>(</i>)
·	(964)	399-018	4 FAP	

DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: REPROGRAPHICS 2		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Co (17 LUCKIE ST. ATLANTA, GA. 30303		ıy is: ်
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature	rei	
The name and the Florida street address of the registered agent are:		
KEN WATSON		
Name 3728 PHILLS Hoofks As #20/ Florida street address (P.O. Box NOT acceptable) Acksowulle FL 32207 City, State, and Zip		
Having been named as registered agent and to accept service of process for the above statistically company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provistatutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 608, Registered Agent's Signature	ent a: vision with	s ıs of all and
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managed therefore, a manager - managed company.	01 BEC 19	DIVISION OF CO
(An additional article myst be added if an effective date is requested) Signature of a member or an authorized representative of a member.	PM 12: 04	OF STATE RPORATIONS
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Typed or printed name of signee		
Typed or printed name of signee		
Filing Fees: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent		,

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)