

CT CORPORATION SYSTEM

CORPORATION(S) NAME

LO10000022111

Fabra Offset Division, LLC

0

000004732950--3
-12/19/01--01030--023
****125.00 ****125.00

000004732950--3
-12/19/01--01030--022
****60.00 ****60.00

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| | | |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

12/19/01

Order#: 4999723

Ref#: _____

Amount: \$ _____

01 DEC 19 PM 1:33
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

RECEIVED 01 DEC 19 PM 3:01

APPROVED
AND
FILED

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

VB
12-19-01

ARTICLES OF ORGANIZATION
FOR
FABRA OFFSET DIVISION, LLC
A Florida Limited Liability Company

ARTICLE I

The name of the Limited Liability Company is FABRA OFFSET DIVISION, LLC.

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company is:

FABRA OFFSET DIVISION, LLC
15 Sunshine Boulevard
Ormond Beach, FL 32174

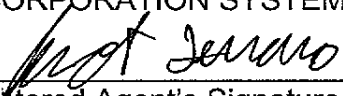
ARTICLE III

The name and the Florida street address of the registered agent are:

CT Corporation System
c/o CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

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..

CT CORPORATION SYSTEM



Registered Agent's Signature Scot Ferrara
Asst. Secy.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV

The Limited Liability Company is to be managed by two managers and is, therefore, a manager-managed company.

I hereby certify, under penalty of perjury, that the facts stated herein are true and correct.

Executed this 12 day of December, 2001 at Ormond Beach, Florida.

FABRA U.S.A., INC., Member


By: ANDREA BERTELE, President

APPROVED
AND
FILED
01 DEC 19 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA