

L02000032708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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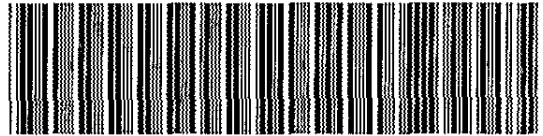
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC -6 PM 2:00



ACCOUNT NO. : 072100000032

REFERENCE : 845065 8728A

AUTHORIZATION : Patricia Kye

COST LIMIT : \$ 155.00

ORDER DATE : December 5, 2002

ORDER TIME : 9:59 AM

ORDER NO. : 845065-005

CUSTOMER NO: 8728A

CUSTOMER: Denise McLaughlin
Feldman Koenig & Highsmith,
P.a.
3158 Northside Drive
Key West, FL 33040

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DOMESTIC FILING

NAME: KEY WEST SCREEN PRINTING,
LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 1114

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: KEY WEST SCREEN PRINTING, LLC

ARTICLE II - Address:

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

3255 DUCK AVENUE #2, KEY WEST, FLORIDA 33040

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

FELDMAN, KOENIG & HIGHSMITH, P.A.

Name

3158 NORTHSIDE DRIVE

Florida street address (P.O. Box NOT acceptable)

KEY WEST

FL

33040

City, State, and 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 608, F.S.

[Signature]

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

[Signature]
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 perjury that the facts stated herein are true.)

J. Forrest Burton

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)

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