L03000031834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

200021600242

FILED
03 AUG 25 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
03 AUG 25 PM 12:40
DIVISION OF CORPORATION

CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 216675 156480A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 155.00

ORDER DATE : August 22, 2003

ORDER TIME : 8:31 AM

ORDER NO. : 216675-005

CUSTOMER NO: 156480A

CUSTOMER: Ms. Layla Tabor
Roberts, Seward & Company

Suite 202
505 E. Jackson Street
Tampa, FL 33602

FILED
03 AUG 25 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: CARIDE GRAPHIC SERVICES, 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: Susie Knight - EXT. 1156

EXAMINER'S INITIALS: _____

FILED
03 AUG 25 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

CARIDE GRAPHIC SERVICES, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
21227 US HWY 19 N. #140C Clearwater FL 33765	same

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

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

Oscar Caride
Name

21227 US HWY 19 N. #140C
Florida street address (P.O. Box NOT acceptable)

Clearwater FL 33765
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..

X
Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

FILED
03 AUG 25 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Oscar Caride 21227 US Hwy 19 N. #140C Clearwater, FL 33765

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

x Oscar Caride
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.)

Oscar Caride
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)