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### TRANSMITTAL LETTER

(Name of Limited Liability Company)  The enclosed Articles of Organization and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Todd R. Gray	
Please return all correspondence concerning this matter to the following:	
Please return all correspondence concerning this matter to the following:	
Todd R. Gray	
(Name of Person)	-
Complete Graphic Solutions, LLC	
(Firm/Company)	
2336 S East Ocean Blvd. PMB # 313	
(Address)	
Stuart, FL 34996	
(City/State and Zip Code)	•
For further information concerning this matter, please call:	04 O4
Todd R. Gray <u>at (772</u> ) 288-0621	NVISION OF CURPO 04 JAN -2 PM
(Name of Person) (Area Code & Daytime Telephone Number)	0f
	2

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	is:
Complete Graphic Solutions, LLC	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7189 SE Magellan Lane	2336 S East Ocean Blvd. PMB # 313
Stuart, FL 34997	Stuart, FL 34996
Todd R. Gray	of State of State of Agent's Signature 2 PH 2: 19
	(P.O. Box NOT acceptable)
Stuart, FL 34997 City, Sta	FLORIDA ate, 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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Todd R. Gray	
	7189 SE Magellan Lane	
	Stuart, FL 34997	
MGRM	Teresa A. Gray	
	7189 SE Magellan Lane	
	Stuart, FL 34997	
(Use attachment if necessary)		
NOTE: An additional article must be added if an effective date is requested.		

REQUIRED 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.)

Todd R. Gray

Typed or printed name of signee

DIVISION OF CORPORATIONS

#### 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)