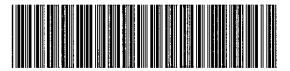
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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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OFFICE USE ONLY(DOCUMENT #)	·		
LAZARUS CORPORATE FILIN	G SERVICE TALLAHLASSET, FLORE 2: 10		
3320 S.W. 87 AVENUE			
MIAMI, FLORIDA (305)552-5973			
	OR TO		
	OFFICE USE ONLY		
1. PRINT BIGHT (Corporation Name)	CUMENT NUMBER(S) (if known):		
2. (Corporation Name)	(Document #)		
(Corporation Name)	(Document #)		
(Corporation Name)	(Document #)		
Walk in Pick up time	2.00 Certified Copy.		
Mail out Will wait	Photocopy Certificate of Status		
NEW FILINGS	AMENDMENTS		
Profit	Amendment		
NonProfit	Resignation of R.A., Officer/Director		
Limited Liability	Change of Registered Agent		
Domestication	Dissolution/Withdrawal		
Other	Merger		
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OTHER FILINGS	REGISTRATION/ QUALIFICATION		
Annual Report	Foreign		
Fictitious Name Name Reservation	Limited Partnership		
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Other .

CR2E031(9/92)

Reinstatement Trademark

Examiner's Initials

ARTICLES OF ORGANIZATION OF

PRINT RIGHT LLC.

ARTICLE I - NAME

The name of this limited liability company is **PRINT RIGHT LLC**. (hereinafter "the Company")

ARTICLE II - ADDRESS

The mailing address and principal office is:

4851 NW 103rd Avenue, Suite 55G Sunrise, FL 33351

ARTICLE III: INITIAL REGISTERED OFFICE AND AGENT

The name and mailing address of the initial registered office and the initial registered agent of the Company is:

Pascal Lafreniere 2436 N. Federal Highway, Suite 380 Lighthouse Point, FL 33064

Having been named as registered agent and to accept service of process for the above state 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.

Pascal Lafreniere - Registered Agent

ARTICLES IV - MANAGEMENT

The Company will be managed by one (1) manager and is, therefore a manager-managed company.

Pascal Lafreniere 4851 NW 103rd Avenue, Suite 55G Sunrise, FL 33351

In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.

Rascal Lafreniere, Authorized Representative

ORGANIZER

this day of		nade and subscribe 004	ed these Articles	of Organization
		MA	ARCELLE POI	RIER
STATE OF FLORIDA)) SS			
COUNTY OF DADE)			

I HEREBY CERTIFY that on this day, personally appeared before me MARCELLE POIRIER who is well known to me to be the person described in and who executed these Articles of Organization as Organizer, and acknowledged before me that he executed the same freely and voluntarily for the purposes therein expressed.

SWORN TO AND SUBSCRIBED before me this 44 of

NOTARY PUBLIC State of Florida at large

My commission expires:

