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Florida Department of State Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : HUBCO

Account Number : 104662803400 : (516)935-3940

Fax Number

: (\$15)935-3088

LIMITED LIABILITY COMPANY

SDS Graphics Studio, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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Corporate filling

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF	ORGANIZATION
· F	OR 2
FLORIDA LIMITED I	LIABILITY COMPANY
ARTICLE I - Name	in the terms of th
The name of the Limited Liability Company is: SDS G	raphics Studio, 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:
19370 Collins Avenue, Suite 1503	19370 Collins Avenue, Suite 1503
Sunny Isle Beach, FL 33160	Sunny Isle Beach, FL 33160

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature The name and Florida street address of the registered agent are:

Sabina Sigal	
	Name
19370 Collins /	Avenue, Suite 1503
(P.O. Box or Ma	ail Drop Box <u>NOT</u> Acceptable)
Sunny Isle Bea	ch, FL 33160
(Cit	y / State / 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.

> s Signature - Sabina Sigal Registered Agen

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Sabina Sigal - 19370 Collins Avenue, Suite 1503

Sunny Isle Beach, FL 33160

(Use attachment if necessary)

REQUIRED SIGNATURE:

Signature of a member of authorized representative of a member:

(In accordance with section 698.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Sabina Sigal

Typed or printed name of signee