

L04000073525

(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:



900041532779

10/08/04--01024--024 \*\*160.00

FILED  
2004 OCT -8 A 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Office Use Only

Applicant	
Updater	
Editor	
Verifier	DDC
Approval Comment	DDC
P. Verifier	DDC

**THE MOORE LAW FIRM, P.A.**

Attorneys at Law

James E. Moore \*  
Bret A. Moore  
\* Of Counsel  
(850) 678-1121

135 E. John Sims Parkway  
P. O. Box 746  
Niceville, FL 32588  
FAX (850) 678-8327

October 5, 2004

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

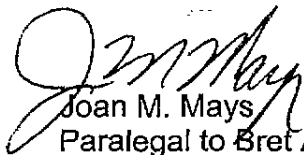
**Re: Consolidated Print, L.L.C.**

Dear Sir:

Enclosed herewith are an original and one copy of the Articles of Organization for the above stated Limited Liability Company together with our check in the amount of \$160.00 to cover the filing fees for the Articles of Organization with a certified copy, a designation of Registered Agent, and a Certificate of Status. Please file the original of the enclosed Articles of Organization and return a certified copy and the Certificate of Status to the undersigned.

If there are any questions, please do not hesitate to contact this office. Thank you for your assistance in this matter.

Sincerely,



Joan M. Mays  
Paralegal to Bret A. Moore

Enclosures as noted

**FILED**  
2004 OCT - 8 A 11: 35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CONSOLIDATED PRINT, LLC**  
~  
**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

**ARTICLE I - Name**

The name of the Limited Liability Company is:

**CONSOLIDATED PRINT, L.L.C.**

**ARTICLE II - Address**

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

CONSOLIDATED PRINT, L.L.C.  
702 Caribbean Way  
Niceville, FL 32578

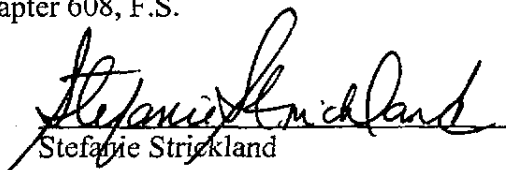
**ARTICLE III - Registered Agent, Registered Office,  
& Registered Agent's Signature**

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

STEFANIE STRICKLAND  
702 Caribbean Way  
Niceville, FL 32578

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.

Dated this 5<sup>th</sup> day of October, 2004.

  
Stefanie Strickland

FILED  
2004 OCT - 5  
TALLAHASSEE  
SECRETARY OF STATE

#### Article IV - Management

The Limited Liability Company is to be managed by one or more members and is, therefore, a member-managed company.

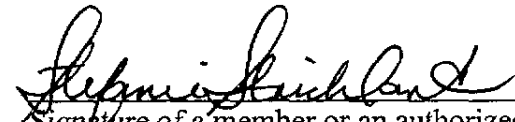
#### ARTICLE V - Duration

This Limited Liability Company shall have a perpetual existence commencing on the filing of the Articles of Organization.

(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.)

Dated this 5<sup>th</sup> day of October, 2004.

Stefanie Strickland - Member

  
\_\_\_\_\_  
Signature of a member or an authorized  
representative of a member

**FILED**  
2004 OCT - 8 A 11: 35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING  
AGENT UPON WHOM PROCESS MAY BE SERVED.**


In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

First-That, **CONSOLIDATED PRINT, L.L.C.** desiring to organize under the laws of the State of Florida with its principal office in the city of Niceville, Florida, has named **Stefanie Strickland**, located at 702 Caribbean Way, Niceville, Florida as its agent to accept service of process within this state.

**ACKNOWLEDGMENT:**

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.

Dated this 2<sup>nd</sup> day of October, 2004.

  
By: Stefanie Strickland  
Resident Agent

**FILED**  
2004 OCT -8 A 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA