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Florida Department of State
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To:
     Division of Corporations
     Fax Number       :  (850) 205-0383

From:
     Account Name     :  HUBCO
     Account Number   :  104662003400
     Phone            :  (516) 935-3940
     Fax Number       :  (516) 935-3088
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RECEIVED 04 NOV -4 AM 8:20 DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

BJ's Custom Graphics LLC

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

04 NOV -3 PM 1:00 DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name
The name of the Limited Liability Company is: **BJ's Custom Graphics LLC**

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

Principal Office Address:

1006 N. Hoagland Road

Kissimmee, FL 34741

Mailing Address:

1006 N. Hoagland Road

Kissimmee, FL 34741

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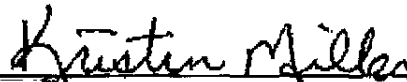The name and Florida street address of the registered agent are:

Kristen Miller

Name

5200 Starline Drive

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Saint Cloud, FL 34771

(City / 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.

_____

Registered Agent's Signature - Kristen Miller

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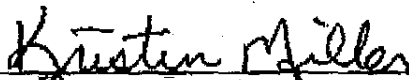The name and address of each Manager or Managing Member is as follows:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGR   Kristen Miller- 5200 Starline Drive Saint Cloud, FL 34771

MGR   Keith Miller- 1005 N. Hoagland Road, Kissimmee, FL 34741

_____   _____

_____   _____

(Use attachment if necessary)

REQUIRED SIGNATURE:

_____
Signature of a member or 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.)

Kristen Miller
_____
Typed or printed name of signee