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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

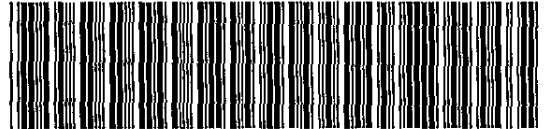
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTERNATIONAL BUSINESS AND PRINTING Ltd. Co.
(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:

JOHN HENRY ORTIZ

(Name of Person)

INTERNATIONAL BUSINESS AND PRINTING Ltd. Co.

(Firm/Company)

764 SW 8TH STREET

(Address)

MIAMI FLORIDA 33130

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN HENRY ORTIZ

(Name of Person)

at (305) 856-1596

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

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:

International Business and Printing Ltd. Co.

ARTICLE II - Address:

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

Principal Office Address:

John Henry Ortiz

Katherine Martinez

Carlos Bautista

Mailing Address:

764 SW 8th Street Miami Fl 33130

764 SW 8th Street Miami Fl 33130

764 SW 8th Street Miami Fl 33130

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

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

Miguel Angel Ortiz

Name

764 SW 8th Street

Florida street address (P.O. Box **NOT** acceptable)

Miami, Fl 33130

City, State, 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, F.S..



Registered Agent's Signature

(CONTINUED)

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:

President

JOHN HENRY ORTIZ
579 Wood Gate Cir.
Sunrise Fla 33320

Vice-President

Carlos Bautista
764 SW 8 St
Miami Fla 33130

Treasury

Katherine Martinez
579 Wood Gate Cir
Sunrise Fla 33320

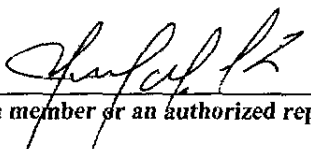
Manager

Miguel Angel Ortiz
579 Wood Gate Cir
Sunrise Fl 33320

(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.)

MIGUEL ANGEL ORTIZ

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)