

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H060000869193)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : BERRIZ & GIRALDO P.A.

Account Number: I19990000017
Phone: (305)485-9300

Fax Number : (305)485~9300 Fax Number : (305)485~1098 OG APR II AM 10: 16
SECRETARY OF STATE

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MACH I PRINTING, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

04/10/2006 15:31

3054851098

BERRIZ&GIRALDO

PAGE 02

850-205-0381

4/5/2006 10:05 PAGE 001/001 Florida Dept of State



April 5, 2006

FLORIDA DEPARTMENT OF STATE Division of Corporations

BERRIZ & GIRALDO PA

SUBJECT: MACE I PRINTING, INC.

REF: W06000016122

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

meyes Culligan Meyer Culligan obcument Specialist FAX Aud. #: H06000086919 Letter Number: 706A00022918

P.O BOX 6327 - Tallahassec, Florida 32314

H060000 869193

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILIT COMPANY

OF

MACHIPRINTING, NEC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

MACH I PRINTING, LEC.

OG APR 11 AM ID: 16
SECRILITARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - ADDRESS

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

9977 SW 118 PLACE MIAMI, FL. 33186

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

CLAUDIA ORTEGA

9977 SW 118 PLACE
Florida street address (P.O.BOX NOT acceptable)

MIAMI. FL. 33186

City, State, and Zip

BERRIZ & GIRALDO P.A. 4080 SW 84 AVE SUITE C MIAMI, FL 33155 (305) 485-9300 A06 0000 869193.

HO6 0000 869193.

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

ARTICLE IV- MANAGEMENT

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

CLAUDIA ORTEGA 9977 SW 118 PLACE MIAMI, FL. 33186

ROBERTO JOSE DE FEX 9977 SW 118 PLACE MIAMI, FL. 33186

MAURICIO J. DE FEX 9977 SW 118 PLACE MIAMI, FL. 33186 MANAGER

MANAGER MANAGER

ī

MANAGER

, de 16

(An additional article must be added if an effective date is requested)

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.)

CLAUDIA ORTEGA
Typed or printed name of signee

A06 0000 869 193.