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(Re	equestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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M. HODGES

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: navi Print & Design Company, LLC (Name of Limited Liability Company)				
The enclosed Articles of	of Organization and fee(s) are su	ubmitted for filing.		
Please return all corres	pondence concerning this matte	r to the following:		
Viviana S	Smith			
	(I	Name of Person)		
navi Prin	t & Design Compa	any, LLC		
	(Firm/Company)		
P.O. BO	X 69-5206			
		(Address)		
Miami G	ardens, FL 3326	69-5206	_	
(City/State and Zip Code)				
For further information	concerning this matter, please	call:		
	-		96	
Viviana Smith	e of Person)	at (305) 493-085 (Area Code & Daytime To		
(,	,	•	
Enclosed is a check t	for the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	y is:
navi Print & Design Company, LLC (Must end with the words "Limited Liability Company, "I	Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
721 NW 187 Drive	P.O. BOX 69-5206
Miami Gardens, FL 33169	Miami Gardens, FL 33269-5206
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Fousiness entity with an active Florida registration.) The name and the Florida street address of to Viviana Smith	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
Name 721 NW 187 Drive Florida street address (P.O. Box NOT acceptable)	
721 NW 187 Drive	
721 NW 187 Drive Florida street address (P.O. Box NOT acceptable) Miami Gardons, El. 33160	
Miami Gardens, FL 33169 City, Sta	ate, and Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	I to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all eperformance of my duties, and I am familiar with and registered agent as provided for in Chapter 608. F.S.

(CONTINUED) Page 1 of 2

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

<u>Title:</u>		Name and Address:
"MGR" = Manage "MGRM" = Mana		
MGRM	_	Naomi Smith
	_	721 NW 187 Drive
		Miami Gardens, FL 33169
MGRM	_	Anselm Smith
	_	721 NW 187 Drive
		Miami Gardens, FL 33169
MGRM		Pascuala Smith
	_	721 NW 187 Drive
		Miami Gardens, FL 33169
	_	
(Use attachment if	necessary)	
		e of filing: (OPTIONAL) secific and cannot be more than five business days prior
n effective date is liste 90 days after the dat	- ·	eethe and cannot be more than five business days prior
	9 /	
REQUIRED SIG	NATURE:	
	Mal	And
5	Signature of a member or	an authorized representative of a member.
	(In accordance with section of this document constitute that the facts stated herei	a 608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.)
	Viviana Smith	
	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)