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| (Requestor's Name) | | |
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| (Address) | | |
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| (Address) | | |
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| (City/State/Zip/Phone #) | | |
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| PICK-UP WAIT MAIL | | |
| | | |
| (Business Entity Name) | | |
| | | |
| (Document Number) | | |
| | | |
| Certified Copies Certificates of Status | | |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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MECNETARY OF STATE 2006 NOV -3 AM CHARLANASSEE, FLORIDA TO ACKNOWLE SUFFICIENCY OF SUFFICIENCY O

COVER LETTER

TO: Registration Section Division of Corporations The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for the following amount: ρ \$160.00 Filing Fee, ρ \$125.00 Filing Fee ρ \$130.00 Filing Fee & ρ \$155.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street/Courier Address **Mailing Address** Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fluis & Wicker Printing 1/0

| | 11119 |
|--|---|
| Must end with the words "Limited Liability Company, "Limited | d Company or their abbreviation "LLC," or "LC,") |
| ARTICLE II - Address: The mailing address and street address of the pri | ncipal office of the Limited Liability Company is: |
| ine maning address and street address of the pri | incipal office of the Emilieu Elaothty Company is. |
| Principal Office Address: | Mailing Address: |
| Jallahassee Fl. 32317 | 2226 Jefferson Ad.S. Tallahassee Fl. 32317 |
| ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re ELUES S. MEC. Name | red Agent. You must designate an individual or another egistered agent are: |
| Florida street addr | ress (P.O. Box NOT acceptable) |

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 (REQUIRED)

(CONTINUED)

| The name and address of each Manage | er or Managing Member is as follows: | | |
|--|--|--------------------|-----------|
| Title: "MGR" = Manager "MGRM" = Managing Member | Name and Address: | | |
| MGRM | Bluis S. Nicheo Baab Jefferson Adis Tallahissee, Fl. 30317 | 5. | |
| | | 06 N | |
| · | | OV -3 ANII | |
| (Use attachment if necessary) | | RRIDA FROM | |
| ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must prior to or 90 days after the date of filing.) | date of filing: (O be specific and cannot be more than five | PTIONAL) business |) days |
| REQUIRED SIGNATURE: | Michan. | | |

ARTICLE IV- Manager(s) or Managing Member(s):

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)

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.)