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COVER LETTER

Registration Section

TO:

Division of Corporations
SUBJECT: COLOR RIGHT, LLC
(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:
Mike Robinson
(Name of Person)
Color Right, LLC
(Firm/Company)
3357 Sawtooth Drive
(Address)
Tallahassee, FL 32303
(City/State and Zip Code)
For further information concerning this matter, please call:
Shannon Rosier at 850 877-6362 ATT (Name of Person) at (Area Code & Daytime Telephone Number) ATT (Area Code &
Enclosed is a check for the following amount:
▼ \$125.00 Filing Fee \$130.00 Filing Fee &
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

COLOR RICHT 11 C		
COLOR RIGHT, LLC (Must end with the words "Limited Liability Company, "L	Limited Company" or their abbreviation "LLC," or "L.C.,")	
	. ,	
ARTICLE II - Address:		
The mailing address and street address of th	e principal office of the Limited Liability Company	/ is:
Principal Office Address:	Mailing Address:	
3357 SAWTOOTH DRIVE	SAME	
TALLAHASSEE, FL 32303		
		•
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of t MIKE ROBINSON No. 3357 SAWTOOTH E	HASSEE, A	
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of t MIKE ROBINSON No. 3357 SAWTOOTH E	Registered Agent. You must designate an individual or another ALCRE OF FEB 26 The registered agent are: ALCRE ARY ARY The agent ARY The registered agent are: ARY The registered agent are:	
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of t MIKE ROBINSON No. 3357 SAWTOOTH E	Registered Agent. You must designate an individual or another the registered agent are: ARY OFFE DRIVE ORIVE	

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) 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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Mike Robinson 3357 Sawtooth Drive Tallahassee, FL 32303 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: 03/01/2007 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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

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)

that the facts stated herein are true.)