Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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Account Name : FASTKIT CORPORATE OUTFITS

Account Number : 077001002335

Phone : (305)599-0839 Fax Number : (305)716-0346

LELORIDA/FOREIGN LIMITED LIABILITY CO.

TINY PRINTS IMAGING & SPA, LLC

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Lightlity Company, "Limited Company" or their abbreviation "LLC," or "L.C.")

The state of the s

; ARTICLE II - Address:

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is a record of the principal office of the Limited Liability Company is a record of the principal office of the Limited Liability Company is a record of the principal office of the Limited Liability Company is a record of the principal office of the Limited Liability Company is a record of the principal office of the Limited Liability Company is a record of the principal office of the Limited Liability Company is a record of the principal office of the Limited Liability Company is a record of the principal office of the Limited Liability Company is a record of the liability Company is a r

Principal Office Address:	Mailing Address:	و به د عدد در دانیوست در
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Miami Florida 32184		Willes The second
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RAUL	Bode	FILET TARY 0 OF COR
1065 S.	w. 1461 th Court rida street address (P.O. Box NOT acceptable)	OF STATE PORATION
MiAmi	FL 33/P46 City, State, and Zip	· X S

Day story

C. 46.311.15

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.,

Page 1 of 2

		nager(s) or Managing M ddress of each Managor	or Managing Member is as follows:	
	Title:		Name and Address:	
	"MGR" ≈ Mana			
	"MGRM" = Mai	naging Member		
	MANAGER		ODAlys Bode	
			1068 S.W. 1417 Cov.	
	•		Minn. Florida \$3180	<u> </u>
	MANACEL		TRAVI Bade	
1.57, 11			1005 S.W. 1414 Cou	A 0-
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f an e	ffective date is l	isted, the date must b	e specific and cannot be more than	(OPTIONAL)
rior				med business days
o or 90) days after the (date of filing.)		
	REQUIRED SIG	SNATURE:		
		F	17 1	07
		- Maur	Dor	SECKETAR ISION OF C
		Signature of a member	er or an authorized representative of	a 20 34
		(In accordance with section	608.408(3), Florida Statutes, the execution	• • • • • • • • • • • • • • • • • • •
	•	that the facts stated hereig	is an affirmation under the penaltics of perjury in are true.)	₩
			1 Bode	CORPORATION STATE
		Typed	or printed name of signee	5
			_	OKS 7

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