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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Pangea Printing, LLC

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FAX AUDIT # HO70002840863

**ARTICLES OF ORGANIZATION
OF
Pangea Printing, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Pangea Printing, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
3072 W US Hwy 90, Lake City, Florida 32055.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Patricia Stuart, 4424 NW American Lane,
Ste 101, Lake City, Florida 32055. Located in the County of Columbia.


ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2047.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and
address of the member of the Limited Liability Company is:

Devansh Mehta, 3072 W US Hwy 90, Lake City, Florida 32055


Business Filings Incorporated, Organizer
Mark Williams, A.V.P.
Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,
WI 53717
(608) 827-5300

Date: November 16, 2007

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FAX AUDIT # HO70002840863

FAX AUDIT #

HO70002840863CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **Pangea Printing, LLC**

The name and address of the registered agent and office is Patricia Stuart, 4424 NW American Lane, Ste 101, Lake City, Florida 32055. Located in the County of Columbia.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

Patricia Stuart
Patricia Stuart

Date:

11/19/2007

FAX AUDIT #

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