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To:

Division of Corporations
Fax Number : (850) 617-6383

Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

FLORIDA/FOREIGN LIMITED LIABILITY CO.

K2 GRAPHICS, LLC

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

K2 GRAPHICS, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

5410 LYONS RD. APT 304

COCONUT CREEK, FLORIDA 33073

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent are:

LAVAR K. BROWN

5410 LYONS RD. APT 304

COCONUT CREEK, FLORIDA 33073

Having been named as registered agent 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.

CLERK OF STATE
TALLAHASSEE, FLORIDA

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LAVAR K. BROWN / Registered Agent's signature

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K2 GRAPHICS, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER:

LAVAR K. BROWN

5410 LYONS RD. APT 304

COCONUT CREEK, FLORIDA 33073

X



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.

LAVAR K. BROWN

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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