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Florida Department of State
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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ZARATE PRINT, LLC.

Certificate of Status	1
Certified Copy	0
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10/16
10/15/2008
Sent

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY
OF**

ZARATE PRINT, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

ZARATE PRINT, LLC.

ARTICLE II - ADDRESS

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

**8552 NW 93 ST
MEDLEY, FL. 33178**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

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

IGOR FABIAN ZARATE

8552 NW 93 ST

Florida street address (P.O.BOX NOT acceptable)

MEDLEY, FL. 33178

City, State, and Zip

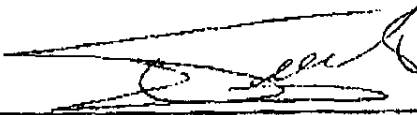
**CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300**

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TALLAHASSEE, FLORIDA

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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

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

IGOR FABIAN ZARATE
8552 NW 93 ST
MEDLEY, FL. 33178

MANAGER

MARCELA VELOZ
8552 NW 93 ST
MEDLEY, FL. 33178

MANAGER

ROLANDO SUAREZ
8552 NW 93 ST
MEDLEY, FL. 33178

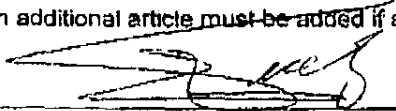
MANAGER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(An additional article must be added if an effective date is requested)



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.)

IGOR FABIAN ZARATE

Typed or printed name of signee

HO80002366783.