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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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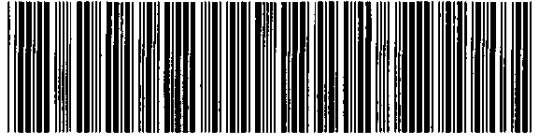
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Collins FEB 24 2009

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LMC Printing, 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:

Arlene J. Cioffi
(Name of Person)

LMC, Printing, LLC
(Firm/Company)

4971 Courtland Loop
(Address)

Winter Springs, FL 32708
(City/State and Zip Code)

For further information concerning this matter, please call:

Arlene J. Cioffi at (**407**) **695-4509**
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Arlene J. Cioffi

4971 Courtland Loop

Winter Springs, FL 32708

MGRM

Louis M. Cioffi

4971 Courtland Loop

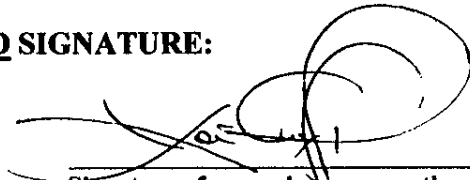
Winter Springs, FL 32708

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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 that the facts stated herein are true.)

Louis Cioffi

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)

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LMC Printing, LLC.

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

ARTICLE II - Address:

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

Principal Office Address:

4971 Courtland Loop
Winter Springs, FL 32708

Mailing Address:

4971 Courtland Loop
Winter Springs, FL 32708

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Arlene J. Cioffi

Name

4971 Courtland Loop

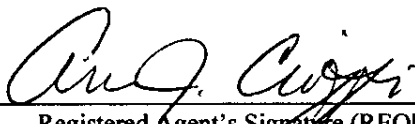
Florida street address (P.O. Box **NOT** acceptable)

Winter Springs, FL 32708 FL

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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)

**ARTICLES OF ORGANIZATION
OF
JBJ CONSTRUCTION SERVICES, LLC**

The undersigned authorized representative, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act (hereinafter, the "Act"), Chapter 608, Fla. Stat. (2008), hereby makes, acknowledges and files the following Articles of Organization.

ARTICLE I (NAME OF COMPANY)

The name of the limited liability company shall be **JBJ CONSTRUCTION SERVICES, LLC** (hereinafter, the "Company").

ARTICLE II (PRINCIPAL OFFICE)

The mailing address and street address of the principal office of the Company is 3876 S.W. 112th Ave, #310, Miami, Florida 33165.

ARTICLE III (REGISTERED OFFICE AND AGENT)

The name and street address of the registered agent of the Company for service of process in the state of Florida are Brian J. Stack, Esq., Stack Fernandez Anderson & Harris, P.A., Suite 950, 1200 Brickell Avenue, Miami, Florida 33131.

ARTICLE IV (MANAGER-MANAGED COMPANY)

The Company is to be a manager-managed company.

ARTICLE V (DURATION)

The Company shall commence its existence on the date these articles of organization are filed by the Florida Department of State or on another effective date as specified. The Company's existence shall be perpetual unless the Company is dissolved earlier as provided in these Articles of Organization and/or in an operating agreement.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA