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

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

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FLORIDA/FOREIGN LIMITED LIABILITY

IMPACT IN PRINT LLC

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

In compliance with Chapter 608, F.S.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE I NAME**

The name of the Limited Liability Company is:

IMPACT IN PRINT LLC

**ARTICLE II ADDRESS**The mailing address and street address of the principal office of the  
Limited Liability Company is:5810 SHADY OAKS LANE  
NAPLES, FLORIDA 34119**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

PAUL ROSS  
5810 SHADY OAKS LANE  
NAPLES, FLORIDA 34119

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.

X



PAUL ROSS / Registered Agent's signature

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**ARTICLE IV MANAGEMENT**

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

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER

PAUL K T ROSS

5810 SHADY OAKS LANE

NAPLES, FLORIDA 34119

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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.

PAUL K T ROSS

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