

Division of Corporations

Florida Department of State  
Division of Corporations  
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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

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email address: \_\_\_\_\_

FLORIDA/FOREIGN LIMITED LIABILITY CO.  
GRAFITEXT, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

J. BRYAN

NOV 23 2009

EXAMINER

11  
H09 000 245 2983

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY  
OF

GRAFITEXT, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

GRAFITEXT, LLC.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - ADDRESS

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

7245 NW 44 ST  
MIAMI, FL. 33166

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

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

WILSON E. GONZALEZ

7245 NW 44 ST

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

MIAMI, FL. 33166  
City, State, and Zip

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

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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.

**WILSON E. GONZALEZ**  
7245 NW 44 ST  
MIAMI, FL. 33166

MANAGER

**JOSE LUIS CALDERON**  
7245 NW 44 ST  
MIAMI, FL. 33166

MANAGER

  
(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.)

**WILSON E. GONZALEZ**  
Typed or printed name of signee

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