

**L10000052183**

Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.**  
**BCS Copiers, LLC.**

Certificate of Status	0
Certified Copy	1
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**D. BRUCE**

MAY 14 2010

**EXAMINER**

**H10000115791**

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

**ARTICLE I NAME**

The name of the Limited Liability Company is: BCS Copiers, LLC.

**ARTICLE II ADDRESS**

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

12991 SW 132 Ct  
MIAMI, FL 33186

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE AND  
REGISTERED AGENT'S SIGNATURE**

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

**MARIA F. HERNANDEZ**

\_\_\_\_\_  
(NAME)

14811 SW 136 Place

\_\_\_\_\_  
FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33186

\_\_\_\_\_  
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

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**H10000115791**

H10000115791

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 THE CHAPTER 608, F.S.

  
Registered Agent's Signature**ARTICLE IV MANAGEMENT**

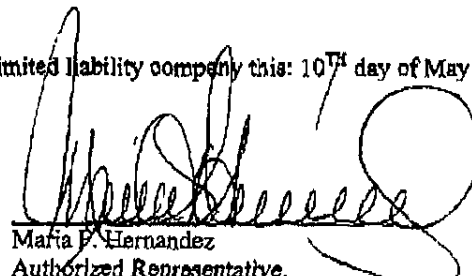
Management of this limited liability company is reversed to its members, whose names and addresses are as follows:

**MARIA F. HERNANDEZ**  
14811 SW 136 Place  
MIAMI, FL 33186  
MANAGER

**CHRISTOFER X. VITAGLIANO**  
14811 SW 136 Place  
MIAMI, FL 33186  
MANAGER

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Executed by the undersigned members of the limited liability company this: 10<sup>TH</sup> day of May 2010.

  
Maria F. Hernandez  
Authorized Representative.  
Christopher X. Vitagliano  
Authorized Representative.

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