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

From: Account Name : CSH SERVICES, LLC
Account Number : 120070000160
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Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
PROGRAFX, LLC**

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| Certificate of Status | 0 |
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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

PROGRAFX, LLC

ARTICLE II ADDRESS

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

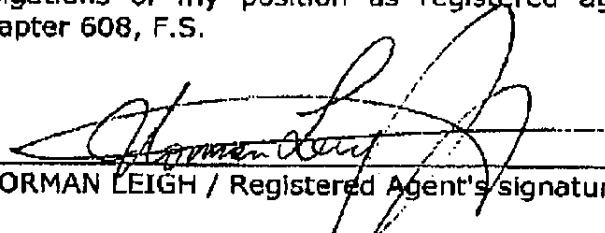
2521 NW 17TH LANE BAY 5
POMPANO BEACH, FLORIDA 33064**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE,
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent

NORMAN LEIGH
2521 NW 17TH LANE BAY 5
POMPANO BEACH, FLORIDA 33064

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


NORMAN LEIGH / Registered Agent's signature

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PAGE 2 PROGRAFX, LLC

ARTICLE IV MANAGEMENT

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

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

NORMAN LEIGH

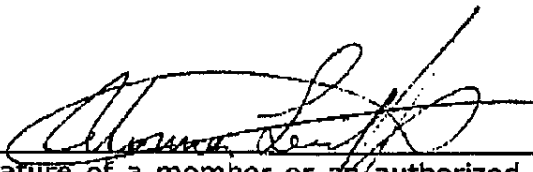
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POMPANO BEACH, FLORIDA 33064

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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.

NORMAN LEIGH

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