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COVER LETTER

TÒ:

TO: Registration So Division of Co			
SUBJECT: AD GF	RAPHICS PUBLI	ISHING LLC	
SUBJECT:		ed Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
	ondence concerning this mat	· ·	
		·	
MOUSEN	I BALOUCHIAN	Name of Person	
		Firm/Company	
439 BUC	KSKIN COURT		
		Address	
WINTER SI	PRINGS, FL 3270	8	
111111111111111111111111111111111111111		y/State and Zip Code	
MASONPRI	NT@YAHOO.COM		
	•	for future annual report notification)	
For further information of	concerning this matter, please	e call:	
MOHSEN BALO	UCHIAN	at (407) 9705486	
Name o	of Person	Area Code & Daytime Telep	ohone Number
Enclosed is a check for	r 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AD GRAPHICS PUBLISHING 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:	Mailing Address:
AD GRAPHICS PUBLISHING LLC.	AD GRAPHICS PUBLISHING LLC.
439 BUCKSKIN COURT	439 BUCKSKIN COURT
WINTER SPRINGS, FL 32708	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:

MOHSEN BALOUCHIAN	
Name	_
439 BUCKSKIN COURT	
Florida street address (P.O. Box NOT accep	table)
WINTER SPRINGS, FL 32708 FL	
City, State, and Zip	

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.

M. Balanchean

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

'MGR" = Manager 'MGRM" = Managing Member	Name and Address:
MGR	MOHSEN BALOUCHIAN
	439 BUCKSKIN COURT
	WINTER SPRINGS, FL 32708
MGRM	MOHSEN BALOUCHIAN
	439 BUCKSKIN COURT
·	WINTER SPRINGS, FL 32708
	,
days after the date of filing.)	be specific and cannot be more than five business
	•
REQUIRED SIGNATURE:	alanchian
REQUIRED SIGNATURE:	alanchaner or an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a member	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of State
Signature of a member of a mem	8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a member	8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a member	8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
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