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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:

A. LUNT

FEB **21** 2011

EXAMINER

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SECRE MAY OF STATE FALLAHASSEE, FLERIDA

FEB 20 PH 4

COVER LETTER

Division of Co			
SUBJECT:	SANCO IMAG	Œ	2012 F
303011011	Name of Limite	d Liability Company	2012 FEB 20
The enclosed Articles of	of Organization and fec(s) are s	ubmitted for filing.	
Please return all corresp	oondence concerning this matte	-	THE THE PARTY OF T
	DAVIEL HAVE	PRTY Name of Person	
	,	Nume of Leason	
		Firm/Company	
553	1 110 TH AVE N	# 103 Address	
PINE	ILLAS PARK	FL 33782	
da	City E-mail address: (to be used for	/State and Zip Code Jan Coimage or future annual report notification)	2 gmail.com
	concerning this matter, please		
Daniel Name	Haver by of Person	at (727) 204 e Area Code & Daytime Telep	5909 hone Number
Enclosed is a check f	or 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	ircle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	70 Za 20 Za
	2 FEB
JANCO IMAGE	2.2.C. 35 2 F
(Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Congany is
) 7
Principal Office Address:	Mailing Address:
5531 110 th Aut #103	SAME
5531 110 M AVE #103 PINICLAS PANK, FL 35782	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Daniel Hav	verty
5531 110 TH A	ress (P.O. Box NOT acceptable)

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.

egistered Agent's Signature (REQUIRED)

(CONTINUED)

•	The name and address of each Manager or Managing Member is as follows:				
	Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
	MGRM	DANIEL HAVERYY 5531 100 AVE #103 PINELLAS PARX, FL 33782			
		2012 FEB	7		
		20 PH SAIE			
(If an	(Use attachment if necessary) CLE V: Effective date, if other than the ceffective date is listed, the date must be 00 days after the date of filing.)	date of filing: 2/17/2012 (OPTIONAL) specific and cannot be more than five business days pri	ioı		
	REQUIRED SIGNATURE: Signature of a member	of an authorized representative of a member.			
	constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)			
		ed or printed name of signee			

. • ARTICLE IV- Manager(s) or Managing Member(s):

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)