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

Office Use Only



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D. BRUCE

CAPITAL CONNECTION, INC.

417'E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Art of Inc. File LTD Partnership File Foreign Corp. File V. L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Anned. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Fictitious Name Certificate of Fictitious Name Certificate of Fictitious Name Fictitious Search Officer Search Fictitious Search Fictitious Owner Search Fictitious Owner Search Driving Record UCC 11 Search UCC 11 Search UCC 11 Search UCC 11 Search UCC 11 Retrieval UCC 11 Retrieval Courier Walk-In Walk-In Wall-Pick Up Courier						
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		-			Courier	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Southern Litho III LLC (Must end with the words "Limited Liability Company, "L.L.C.," or I.I.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: 870 111th Avenue N. Stuff 8 Naples Fe 34108 Naples Fe 34108
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: Danie
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 (REQUIRED) (CONTINUED) (CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address: Daniel J. Conley
MGR bots MGRM-	870 11th Arc. N. Sut 9 Naples IP 34108
MGR-MGRM	Kathleen Confy 870 111 Ac. N. Sut Naples & B4108
(Use attachment if necessary)	
	date of filing: (OPTIONAL)
	be specific and cannot be more than five business

(In accordance with section 568.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Signature of a member or an authorized representative of a member.

Typed or printed name of signee

Filing Foot:

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

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

Page 2 of 2

