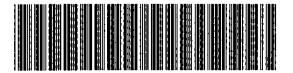
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(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Consist Instructions to 5	Filing Officer	
Special Instructions to I	-iling Officer:	
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Office Use Only



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T. Burch 出队_5 2014

COVER LETTER

то:	Registration Division of C	Section Corporations		
SUBJE	ECT: <u>IA Digi</u> t	al Print, LLC		
		Name of Lin	nited Liability Company	
The en	closed Articles	of Organization and fee(s) an	re submitted for filing.	
Please	return all corre	spondence concerning this m	atter to the following:	
	<u>Douglas</u>	Tyrreil	Name of Person	
			Name of Person	
			Firm/Company	
	4600 Ric	ckenbacker Causeway		
			Address	
	<u>Miami, F</u>	lorida 33149-1031	City/State and Zip Code	
_dc	oug@iadigital		alprint.com d for future annual report notifica	ation)
For fur	ther informatio	on concerning this matter, plea	ase call:	
<u>Dougl</u>	<u>aş Tyrrell</u> Nar	at (;	305) 299-7781 Area Code Daytime Te	lephone Number
Enclos	ed is a check fo	or the following amount:		
\$125.0	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)
		iling Address pistration Section	Street/Courier Add Registration Section	ress

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

IA Digital Print, 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 print	ncipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
4600 Rickenbacker Causeway Miami, Florida 33149-1031	4600 Rickenbacker Causeway Miami, Florida 33149-1031		
		_	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida registered).	its own Registered Agent. You must designate an ind	; *[:5 ===#	
(The Limited Liability Company cannot serve as	its own Registered Agent. You must designate an ind gistration.)		
(The Limited Liability Company cannot serve as another business entity with an active Florida re	its own Registered Agent. You must designate an ind gistration.)	1	
(The Limited Liability Company cannot serve as another business entity with an active Florida report The name and the Florida street address of the re-	its own Registered Agent. You must designate an ind gistration.)	14 (SAY 30)	en e
(The Limited Liability Company cannot serve as another business entity with an active Florida report The name and the Florida street address of the report Douglas Tyrrell. 501 Southwest 121 Av	its own Registered Agent. You must designate an indigistration.) registered agent are:	14 (SY 30 PH)	
(The Limited Liability Company cannot serve as another business entity with an active Florida report The name and the Florida street address of the report Douglas Tyrrell. 501 Southwest 121 Av	its own Registered Agent. You must designate an indigistration.) registered agent are:	14 (SY 30 PH)	

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager				
AMBER	Douglas Tyrrell			
	501 Southwest 121 Avenue			
	Miami, Florida 33184			
AMBER	Blendia Tyrrell			
	501 Southwest 121 Avenue			
	Miami, Florida 33184		_	

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(Use attachment if necessary)		.F.C.		
LE V: Effective date, if other than the date of filin	ng: (OPTIO and cannot be more than five business days p	NAL)	77	lay
LE V: Effective date, if other than the date of filing	ng: (OPTIO and cannot be more than five business days p	NAL)	77	lay
LE V: Effective date, if other than the date of filin fective date is listed, the date must be specific as of filing.)	ng: (OPTIO	NAT)	77	lay
LE V: Effective date, if other than the date of filing fective date is listed, the date must be specific at of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be considered a	rior to o	77	lay
LE V: Effective date, if other than the date of filing fective date is listed, the date must be specific at of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.020)	or an authorized representative of a member 3 (1) (b), Florida Statutes, the execution of this	rior to o	77 r 90 d	lay
LE V: Effective date, if other than the date of filing fective date is listed, the date must be specific at of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.020) constitutes an affirmation under the provisions.	or an authorized representative of a member 3 (1) (b), Florida Statutes, the execution of this benalties of perjury that the facts stated herein a	r. documere true.	77 r 90 d	lay
LE V: Effective date, if other than the date of filing fective date is listed, the date must be specific at of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.020) constitutes an affirmation under the provisions.	or an authorized representative of a member 3 (1) (b), Florida Statutes, the execution of this penalties of perjury that the facts stated herein an authorized in a document to the Department of	r. documere true.	77 r 90 d	lay
LE V: Effective date, if other than the date of filing feetive date is listed, the date must be specific at of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.020) constitutes an affirmation under the plam aware that any false information constitutes a third degree felony as provided the plant of	or an authorized representative of a member 3 (1) (b), Florida Statutes, the execution of this penalties of perjury that the facts stated herein an authorized in a document to the Department of	r. documere true.	77 r 90 d	lay

Page 2 of 2

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