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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CORP USA Account Number: 072450003255

Phone Fax Number : (305)634-3694 : (305)633-9696

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Email	Address	:_

FLORIDA LIMITED LIABILITY CO. **HYDRA PRINTING LLC**

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COVER LETTER

TO: Registration of	n Section Corporations		
SUBJECT: H	ydra Printi	ina LLC miod Liability Company	
The enclosed Article	s of Organization and fee(s) a	re submitted for filing.	
Please return all corr	espondence concerning this m	atter to the following:	
	Saso	in De Santis	
 		Name of Person	
		Firm/Company	
	2645	Executive Park	Dr Stz 340
	,	Address	
	Weston	FL 33331	
		City/State and Zip Code	
	F-mail address: (to bither)	FL 33331 City/State and Zip Code apriotica Danai for future annual report soutificati	(05)
			Nu,
For further information	n concerning this matter, pleas	e call:	
Jason 1	De Santi mi	305 204 93	ia.
		urca Code Dayrime Telephon	
Enclosed is a check i	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)
	tiling Address	Street Address Resignation Surden	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassec, FL 32314

Street Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
the matte of the Dutillog Library Company 15.			المسلم الأن المبلم الأنام
Hydra Pri	stical	1C	
(Must end with the words "Lin	ited Liability Gon	apany, "L.L.C.," or "LLC.")	1 N
ARTICLE II - Address: The mailing address and street address of the princip	al office of the Li	nited Liability Company is:	% 55 S
Principal Office Address:		Mailing Address:	
2645 Executive Par	KD	2645 Executive Par	40 3 S
Western, Fl. 33331		MORPOL ET 39331	
ARTICLE III - Registered Agent, Registered Offi (The Limited Liability Company cannot serve as its of another business entity with an active Florida registr The name and the Florida strest address of the registr	own Registered Agration.) wred agent are: Name		ai or
Florida street add	iress (P.O. Box N		
Weston	FL	33331	
City	State	Zip	
Having been named as registered agent and to accept s place designated in this certificate, I hereby accept the further agree to comply with the provisions of all statut am familiar with and accept the obligations of my positi	appointment as reg es relating to the p	ristered agent and agree to act in this roper and complete performance of a	capacity. I ty duties, and I
4	Del	A=	
Re	gistored Agent's S	ignature (REQUIRED)	

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGRM	Joseph Re Sontic
	3645 Executive Park Dr. Ste 34
	Wester (3333)
	b.
	**
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ective date is listed, the date must be sp f filing.) the date inserted in this block does not t	of filing:
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