

**L15000124313**

**Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 617-6381

**From:**

Account Name : SUPERBIZ.COM, INC.  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
PRINT-N-STICK, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

SECRETARY OF STATE  
FILED  
15 JUL 23 PM 4:07

JUL 24 2005

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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I      NAME**

The name of the Limited Liability Company is:

PRINT-N-STICK, LLC

**ARTICLE II      ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

100 S ASHLEY DRIVE, STE 600

TAMPA, FLORIDA 33602

**ARTICLE III      PURPOSE**

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV      REGISTERED AGENT**

The name and the Florida street address of the registered agent are:

SUPERBIZ REGISTERED AGENT, INC.

2761 VISTA PARKWAY, STE E4

WEST PALM BEACH, FLORIDA 33411

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.

x 

SUPERBIZ REGISTERED AGENT, INC. / Registered Agent's signature

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PAGE 2      PRINT-N-STICK, LLC

**ARTICLE V**

The name and address of each person authorized to manage and control the Limited Liability Company:

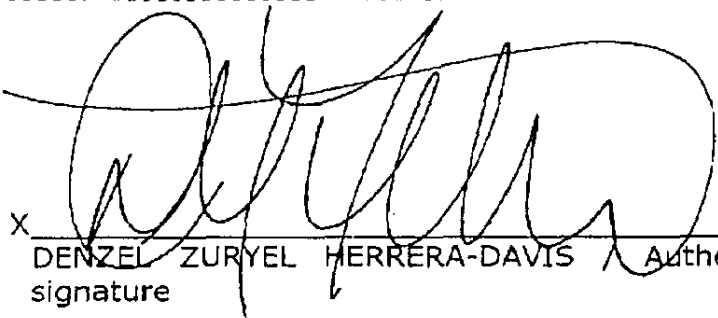
AUTHORIZED MEMBER

DENZEL ZURYEL HERRERA-DAVIS

611 S WELLS STREET UNIT 2506

CHICAGO, ILLINOIS 60607

.....

X  \_\_\_\_\_

DENZEL ZURYEL HERRERA-DAVIS / Authorized Representative's  
signature

(In accordance with section 605.0203 (1) (b), 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.)

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STATE OF FLORIDA  
DEPARTMENT OF STATE

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