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TO: Registration Section Division of Corporations
SUBJECT: J.J. Hart Printing Solutions, L.L.C. Name of Limited Diability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alan Harbatkin Name of Person
Firm/Company
8910 Kettle Drum Terrace
Boynton Beach FL 33473 City/State and Zip Code Alanh 11360@ yahoo.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alan Harbatkin at (561) 877-8101 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address

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New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

Principal Office Address:

FILED

Mailing Address:

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

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:
Alan Harbatkin
Name
8910 Kettle Drum Terrace
Florida street address (P.O. Box NOT acceptable)
Boynton Beach FL 33473
City State 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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Title: "AMBR" = Authorized "MGR" = Manager AMBR	Member	Name and Address: Alan Harbatkin 8910 Keffle Drum Terrace Boynton Beach, FL 33473
(Use attachment if nece		
CLE V: Effective date, if c effective date is listed, the te of filing.) If the date inserted in this	ther than the date of filing date must be specific an block does not meet the	: (OPTIONAL) Id cannot be more than five business days prior to or 90 da applicable statutory filing requirements, this date will not be s's records.
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