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SECRETARY OF STATE OF

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COVER LETTER

Division of	n Section Corporations		
SUBJECT:	VHITE S Name of Lin	SHELL PR	INTS, LLC
The enclosed Articles	s of Organization and fee(s) ar	e submitted for filing.	
Please return all corn	espondence concerning this ma	atter to the following:	
	ANDY J.	Name of Person	E
	White She	// Prints, L	LC
	5823 S	Spanish C	aks Ln
	Naples stinubite	FL 34 Ity/State and Zip Code Note: The state of the sta	L/19 COM
For further information	E-mail address: (to be used on concerning this matter, plea		ation)
Andy	white at (432) 202. Area Code Daytime Te	2289 lephone Number
Enclosed is a check fo \$125.00 Filing Fee	or the following amount: \$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.O	lling Address pistration Section ision of Corporations Box 6327 lahassee, FL 32314	Street/Courier Add Registration Section Division of Corporat Clifton Building 2661 Executive Cem Tallahassee, FL 3230	cions ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
White Shell Printed L. (Must end with the words "Limited L.	nts. LLC. iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5823 Spanish Oaks Ln. Naples, FL 34119	5823 Spanish Oaks In Naples, FL 34119
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Re another business entity with an active Florida registration.) The name and the Florida street address of the registered at Name SB 23 5 20 103 Florida street address (P.O. Box Market) City	gent are: hite A Cooks 40
the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligi	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Andy White 5823 Spanish Oaks Ln
AMBR	Naples, FL 3449 Kay Burnett 5863 Spanish Oaks Ln Naples El 3449
	70apres, 1 = 07117
(Use attachment if necessary)	
LE V: Effective date, if other than the dat fective date is listed, the date must be s	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days a
LE V: Effective date, if other than the dat fective date is listed, the date must be s of filing.)	te of filing:
LE V: Effective date, if other than the dat fective date is listed, the date must be s of filing.)	pecific and cannot be more than five business days prior to or 90 days a
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LE V: Effective date, if other than the date fective date is listed, the date must be s of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of p m (In accordance with section 6	pecific and cannot be more than five business days prior to or 90 days and SER
E V: Effective date, if other than the date fective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of g mm (In accordance with section 6 constitutes an affirmation und 1 am aware that any false info	pecific and cannot be more than five business days prior to or 90 days and SEE SEE SEE SEE SEE SEE SEE SEE SEE SE
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