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## FLORIDA LIMITED LIABILITY CO.

PRECISION MAILING & FULFILLMENT OF FLORIDA, LLO

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The hame of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "LLC." or "LLC.")

## PRECISIONMAILING & FULFILLMENT OF FLORIDA, LLC

Compar	7640 NW 36TH AVENUE	abilîty	
	MIAMI, FLORIOR 33147	•	
The nat	LE III - Registered Agent, Registered Office:  me and the Florida street address of the registered agent are: (The Limited cannot serve as its own Registered Agent. You must designate an individual or another busingly for Florida registration.)	Liabilü ness ent	ty ity
	MANUEL J. PEREZ	<del>-</del>	
•	12824 SW 28TH STREET	<b>.</b> .	<u>1</u>
	MIRAMAR, FL 33027	- <del> </del>	ALC:
ARTIC The nar Liabilit	LE IV- ne and title of each person authorized to manage and control the Limit y Company:	HAY 13 ed AH	E TARY OF
	JOSE VILLARRUEL (AMBY)	ထ္	SO: MS:
	MANUEL J. PEREZ (AMOr)	~ ~	DA DA
		<del>-</del> -	
		 -	
		 - -	

H16000119462

Required Signatures:

Signature of a member or an authorized representative of a member.

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 5.817.155, F.S.

MANUEL S. PERET

Typed or printed name of signee

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)

SECRETARY OF STATE
TALLAHYSSEE TORIDA

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