# Florida Department of State

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Division of Corporations

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From:

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Account Number: I20160000017 : (800)345-4647 Fax Number : (800)432-3622

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# FLORIDA LIMITED LIABILITY CO. LT GRAPHICS, LLC

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L. YARBROUGH

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## ARTICLES OF OR CANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 16 OCT 18 PM 2: 30

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•	ipal Office Address:		Mailing Address:
418 4th Aven	ue South	418	4th Avenue South
			respuille Resolution 22250
Jacksonville I	Beach, FL 32250	Jac	ksonville Beach, FL 32250
RTICLE III - Registered A	gent, Regist <b>ered Office, &amp;</b> F	Registered Agen	t's Signature:
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all statutes rotating to the proper and complete performance of my duties, an my position as reflistered agent or Provided for in Chapter 605, F.S.

Linda Torres-Reed

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

f#1* . I	
Title:	Name and Address:
"AMHR" = Authorized Member	
MGR* - Manager	Linda Torres-Reed
MGR	418 4th Avenue South
	Jacksonville Beach, FL 32250
Use attachment if necessary)	
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\$ 5.00 Certificate of Status (Optional)

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16 OCT 18 PM 2:31

LT Graphics, Inc. 418 4th Avenue S. Jacksonville Beach, FL 32250

October 17, 2016

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32801

RE: Consent to Use Similar Name

### Dear Secretary of State:

I am the President of LT Graphics, Inc., a Florida corporation (the "Company"). Please allow this letter to serve as written consent of the Company to allow LT Graphics, LLC to form as a Florida limited liability company using a similar name to the Company.

THU LATERIL

Linda Torres-Reed President