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| (Re | equestor's Name) | |
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| PICK-UP | WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

| TO: New Filing Section Division of Corporations |
|--|
| SUBJECT: CUSTOMERS Always Right PRINTING (16 Name of Limited Liability Company) |
| The enclosed Articles of Organization and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: Char Ch |
| 3429 Bld St. Augistine Rd Lot 97 # Tallphase Pla. 32311 |
| TAMPHOSEE Ma. 32311 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Richard Tyre at (856) 879-1137 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy} \text{(additional copy is enclosed)} \text{\$\text{S160.00 Filing Fee.}} \text{Certificate of Status & Certified Copy} \text{(additional copy is enclosed)} |
| Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: |
|---|
| Principal Office Address: Let 97# Mailing Address: 3474 dd St. Acpstrockd. 3474 dd & Augstrockd. TAlahoresee Fla. 32211 Tallahassee Fl 32311 |
| 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: |

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)

(CONTINUED)

SCURFIARY OF SINIE

| ARTICLE IV- The name and address of each person au | thorized to manage and control the Limited Liability Company: |
|---|--|
| Title: "AMBR" = Authorized Member "MGR" = Manager | Name and Address: Richal R Dayse (hTo- |
| MGR | Tallahassee FL 32311 |
| | |
| | |
| (If an effective date is listed, the date must be s | meet the applicable statutory filing requirements, this date will not be listed as at of State's records. |
| ARTICLE VI: Other provisions, if any. | |
| REQUIRED SIGNATURE: Signature of a r | member or an authorized representative of a member. |
| I am aware that any fa constitutes a third deg | cuted in accordance with section 605.0203 (1) (b). Florida Statutes. Ise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S. Typed or printed name of signee |

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)