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| (Re | questor's Name) | |
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| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| W19-131 | 79 | |
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Office Use Only



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SECRETARY OF STATE

FEB 1 3 2019

K Brumbley

COVER LETTER

| | ew Filing Section ivision of Corporations | | | | |
|---------------|---|------------------|--|--|--|
| SUBTRACT | PRINTING SOUTH LLC | | | | |
| 30131201 | Name of I | Limited Liabilit | y Company | | |
| The enclos | ed Articles of Organization and fee(s) | are submitted | or tiling. | | |
| Please retu | rn all correspondence concerning this | matter to the fo | llowing: | | |
| | OSCAR THOMPSON | | | | |
| | Name of Person | | | | |
| | | Firm/Cor | npany | | |
| | 8004 NW 154 ST., UNIT 299 | _ | | | |
| | | Addre | ss | | |
| | MIANII LAKES, FL 33016 | | | | |
| | | City/State and | Zip Code | | |
| | E-mail address: (to be us | ed for future ar | nnual report notification) | | |
| For further i | ntormation concerning this matter, ple | ase call: | | | |
| | OSCAR THOMPSON at (| 305 | 707-9700 | | |
| | Name of Person | Area Code | Daytime Telephone Number | | |
| Enclosed is | s a check for the following amount: | | | | |
| \$125.00 Fi | ling Fee \$130.00 Filing Fee & Certificate of Status | Certifie | S Filing Fee & S160.00 Filing Fee, d Copy l copy is enclosed) S 160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| | Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | 1 | Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301 | | |

February 13, 2019

Hello Kyle

This is Oscar from Printing South

The letter is to state and confirm that I have no intention to reopen Printing South Inc # P18000004517. I therefore release that name to the new filing Printing South LLC

If there is anything I missed please don't hesitate to call me at the number below.

Thank you for your assistance.

Oscar Thompson Printing South, Inc.

305-707-9700

8004 NW 154th Street, Unit 299

MIAMI LAKES, FL 33016

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|---|--|
| | |
| Printing South LLC | |
| (Must contain the words "Limited Liability | Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the pri | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 8004 NW 154 Street Unit 299 Miami Lakes, FL 33016 | 8004 NW 154 Street Unit 299 Miami Lakes, FL 33016 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe | Office, & Registered Agent's Signature: |

The name and the Florida street address of the registered agent are:

business entity with an active Florida registration.)

| Oscar Thompson | |
|---------------------------|--------------------------|
| No | me |
| 8004 NW 154 Street | Unit 299 |
| Florida street address (1 | P.O. Box NOT acceptable) |
| Miami Lakes | FL 33016 |
| City | 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 am familiar with and accept the obligations of my position its registered agent as provided for in Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2019 FEB -1 AM II: 35
SECTE TARY OF STATE.
TALLAHASSES ELSTATE.

| Title: "AMBR" = Authorized Member | Name and Address: |
|------------------------------------|--|
| "MGR" = Manager AMBR | 8004 NW 154 Street Unit 299 Miami Lakes, FL 33016 |
| | WHAT EARCS, TE 35000 |
| | |
| | |
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| | |
| | |
| (Use attachment if necessary) | |
| TICLE V: Other provisions, if any. | |
| | |
| REQUIRED STONATURE: | |
| 0//00 | an authorized representative of a member |

ARTICLE IV-

Oscar Thompson

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee