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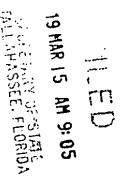
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Oh'Seven Prints LLC
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:
Heather Ricks
Oh'Seven Prints Firm/Company
Time Company
4311 marchmont blud
Land O' Lakes FL 34638 City/State and Zip Code
Chyronace and rap code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Heather Parks at (813), 394-4272 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee. Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address Street Address No. 100 100 100 100 100 100 100 100 100 10
New Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

• • •

ARTICLE 1 - Name:

The name of the Limited Liability Company is:			
Oh'Seven Prints LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.,")			
ARTICLE II - Address:			
The mailing address and street address of the principal office	of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
4311 marchmont blud Land 0 takes FL 34639	Land 0 Lakes FL 34639		
	int are: Payks Image: Payks O. Box NOT acceptable)		
Land O Lakes	FL 34638 State Zip		
Having been named as registered agent and to accept service of place designated in this certificate. I hereby accept the appoint further agree to comply with the provisions of all statutes relative am familiar with and accept the obligations of my position as re	f process for the above stated limited liability company at the nent as registered agent and agree to act in this capacity. I ng to the proper and complete performance of my duties, and I		

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Trinea D Siecra 15867 Country Lake Drive Tampa FL 33624
CED	Heather Y Parks H311 marchment blud Land O Lakes FL 34638 EY
	
(Use attachment if necessary)	ン マ
the date of filing.)	specific and cannot be more than five business days prior to or 90 days after t meet the applicable statutory filing requirements, this date will not be listed a
ARTICLE VI; Other provisions, if any.	
REQUIRED SIGNATURE:	ther of Parks
This document is exe- I am aware that any fa	member or ail authorized representative of a member. 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.

Filing Fres:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)