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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:			0
	Division of Co	rporations	-
	Fax Number	: (850)617-6381	77
From:			=
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC. (198)	
	Account Number	: I20000000019	Į
	Phone	: (305)552-5973 g ララ	_
	Fax Number	: (305)675-5944	1

## FLORIDA LIMITED LIABILITY CO. KING OF PRINT MIAMI LLC

Certificate of Status	1
Certified Copy	. 0
Page Count	03
Estimated Charge	\$130.00

Email Address:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

King OF Print Miami LLC
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability  Company is:
9552 Nw 38 St. Doral Fl 33178
.,
ARTICLE III - Registered Agent, Registered Office:  The name and the Florida street address of the registered agent are: (The Limited Liability  Company cannot serve as its own Registered Agent. You must designate an individual or another husiness entity  with an active Florida registration.)
Tationa Maria Arias Latorre.
9552 NW 38 St DOTE: 1 F1 33178
ARTICLE IV  The name and title of each person authorized to manage and control the Limited  Liability Company: (MGR or AMBR)
Latiana Maria Arias Latorre. (AMBR)
Luisa Fernanda Umaña Ortega (AMBR)
Camilo Antonio Acosta Montarez. (AMBR)

## 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 s.817.155, F.S.

TATIANA MARIA GRIAS LATORRE
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

Registered Agent's Signature (REQUIRED)