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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies		of Status
Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 19, 2019

JESUS ORTIZ DOMINGUEZ 9733 GEIGER RD JACKSONVILLE, FL 32246

SUBJECT: CALI GRAPHICS, LLC Ref. Number: W19000110012



We have received your document for CALI GRAPHICS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

DOCUMENT IS INCOMPLETE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page Regulatory Specialist II

Letter Number: 219A00025805

2020 CCT 13 PH 12: 39

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: CALL GRAPHICS 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: Name of Person
Firm/Company
4733 Geigen Bd. Jacksmille Fl. 32246
City/State and Zip Code Sesus or tiz O O y G has Com To will other true appeal report positication)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call;
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: S125,00 Filing Fee Certificate of Status S155,00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
9733 Geisea Rd racksonville	9733 Geiger Rd
	75070

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:

Name

3 Geigea Rd. Vackschille Kl. 32246

street address (P.O. Box NOT acceptable)

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 Iam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager M G B	Vesus ontil Dominguer
	10505 Ontil Dominguer 9733 Geigen Bd Jacksonville Dl. 30246
	Vacksonville Dl. 32246
	·
(Use attachment if necessary)	
E.V: Effective date, if other than the date of t	filing: (OPTIONAL)
the date inserted in this block does not meet ment's effective date on the Department of S	t the applicable statutory filing requirements, this date will not be listed State's records.
the date inserted in this block does not meet ment's effective date on the Department of S	
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The date inserted in this block does not meet ment's effective date on the Department of S.E. VI: Other provisions, if any. REOURED SIGNATURE: Signature of a memb This document is executed in an aware that any false inf	
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