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COVER LETTER

	ew Flling Section ivision of Corporations		
SUBJECT	ColorScape Publishing LLC		
nonone.	·	imited Liability Company	
The enclos	ed Articles of Organization and fee(s)	are submitted for filing.	
Please retu	rn all correspondence concerning this i	matter to the following:	
	Larry Burton		
		Name of Person	
	ColorScape Publishing LLC		
		Firm/Company	
	8402 SW 163rd Terrace		_
		Address	
	Palmetto Bay, FL 33157		
		City/State and Zip Code	
<u>'</u>	arry.burton93@ColorScapePublish		······
	rs-mail address; (to be use	ed for future annual report notifica	tion)
For further in	nformation concerning this matter, plea	ase call:	
	Larry Burton at (786 ₎ 514-4075	
		Area Code Daytime Telepho	ne Number
Enclosed is	a check for the following amount:		
\$125.00 Fi	ling Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address	

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	0.1	N		
(Must conta	Golors oin the words "Limited	Scape Publishing Liability Company.		
			,, ,	
ARTICLE II - Address: The mailing address and street ad	Idress of the principal o	ffice of the Limited	Liability Company is:	
<u>Principa</u>	al Office Address:		Mailing Address:	
8402 SW 163rd Ter	race	840	2 SW 163rd Terrace	
Palmetto Bay, FL 33	3157		netto Bay, FL 33157	
	ctive Florida registratio	•		
The name and the Florida street a	Ū	l agent are: Name	cceptable)	
The name and the Florida street a	Larry Burton 8402 SW 163rd Tel Florida street addres	Name rrace s (P.O. Box <u>NOT</u> a	•	
The name and the Florida street a	Larry Burton 8402 SW 163rd Tel	l agent are: Name	eceptable) 33157 Zip	

(CONTINUED)

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

Title:		Name and Address:	
	uthorized Member		
"MGR" = Ma			
AMBR		Larry Burton	
		8402 SW 163rd Terrace	
		Palmetto Bay, FL 33157	
			
			
		<u> </u>	
(Use attachme	ent if necessary)		
	ve date on the Department of S	et the applicable statutory filing requirements, this date will not be State's records.	
ICLE VI: Other pr	rovisions, if any.		_
			
REOUIRED	SIGNATURE: X X X		
		ber or an authorized representative of a member.	
		in accordance with section 605.0203 (1) (b), Florida Statutes.	
		formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.	
	constitutes a tittu degree te	tony as provided for hi s.817.155, F.S.	
		Larry Burton	
	7		
		Exped or printed name of signee	
		Typed or printed name of signee	
		Typed or printed name of signee	
\$125.00 Fili	ny Fee for Articles of Oronn	Typed or printed name of signee Filing Fees:	
		Typed or printed name of signee	` ¬
\$ 30.00 Cer	ing Fee for Articles of Organ rtified Copy (Optional) rtificate of Status (Optional)	Typed or printed name of signee Filing Fees: nization and Designation of Registered Agent	

\$ 5.00 Certificate of Status (Optional)