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31 August 1999

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

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-09/02/99--01029--002  
\*\*\*337.50 \*\*\*337.50

Re: Articles of Organization: **Transpogرافix, L.L.C.**

To Whom It May Concern

Enclosed are the original and one copy of the following documents for filing with the Secretary of State's office:

1. Articles of Organization of **Transpogرافix, L.L.C.**, a *Florida Limited Liability Company*.
2. Acceptance of Service as Registered Agent.
3. Affidavit of Membership (Fla. Stat. § 608. 407 (2)).

We would appreciate your filing of these and sending us a certified copy with the applicable filing information in the enclosed self - addressed, stamped envelope. We are enclosing a cheque in the amount of \$337.50 to cover the following costs:

Filing Fee	\$250.00
Registered Agent	\$ 35.00
Certified Copy	\$ 52.50
<b>Total</b>	<b>\$337.50</b>

Thank you for your attention in this matter.

Sincerely:



William U. Hensel IV  
13608 South Village Drive  
Number 7205  
Tampa, Florida 33624-4378

Telephone/Fax 813 969-3153  
E-Mail [WH4@worldnet.att.net](mailto:WH4@worldnet.att.net)

Enc. (As Noted Above)

WH4/wh

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DIVISION OF CORPORATIONS  
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**ARTICLES OF ORGANIZATION  
OF  
TRANSGRAFIX, L.L.C.**

The undersigned Member hereby executes and acknowledges these Articles of Organization for the purpose of forming a Limited Liability Company in accordance with the laws of the State of Florida:

**ARTICLE I**  
Name

The name of this Limited Liability Company shall be: TRANSGRAFIX, L.L.C.

**ARTICLE II**  
Existence and Period of Duration

In accordance with Section 608.409, Florida Statutes, the existence of this Limited Liability Company shall commence on the date these Articles of Organization are filed by the Department of State after subscription and execution. The duration of this Limited Liability Company thereafter shall be perpetual.

**ARTICLE III**  
Address

The *street address* of the principal office of the Limited Liability Company shall be located at:

3809 West Corona Street  
Tampa, Florida 33629-8616  
Tel. (813) 835 9807

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The *mailing address* of the principal office of the Limited Liability Company shall be:

3809 West Corona Street  
Tampa, Florida 33629-8616  
Tel. (813) 835 9807

**ARTICLE IV**  
**Registered Office and Registered Agent**

The initial registered office of this Limited Liability Company shall be located at 3809 West Corona Street, Tampa, Florida 33629-8616; and the initial Registered Agent of this Limited Liability Company at such office shall be **Sigrid E. Tidmore**. This Limited Liability Company shall have the right to change such registered office and such registered agent from time to time, as provided by law.

**ARTICLE V**  
**Admission of Additional Members**

The Members of this Limited Liability Company shall have the right to admit new Members upon the affirmative vote of TWO THIRDS (2/3) of the existing Members, and the payment of the consideration deemed appropriate for the capital or equity interest of the additional Member.

**ARTICLE VI**  
**Incapacity of a Member**

The remaining Members of this Limited Liability Company shall have the right to continue the business of this Limited Liability Company upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event which terminates the continued membership of said Member, or until its successor is elected and qualifies.

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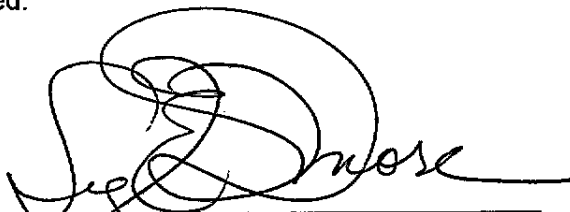
## ARTICLE VII

### Management of the Limited Liability Company

Pursuant to Florida Statute § 608.407 (1) (g) (2), the management of this Limited Liability Company is reserved to the Managing Members, who names and addresses are:

<u>Name</u>	<u>Address</u>
Sigrid E. Tidmore	3809 West Corona Street Tampa, Florida 33629-8616
William U. Hensel, IV	13608 South Village Drive Apartment 7205 Tampa, Florida 33624-3153

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Organization for the uses and purposes therein stated.

  
\_\_\_\_\_  
Sigrid E. Tidmore  
as Member and Registered Agent

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STATE OF FLORIDA

COUNTY OF ~~DADE~~ Hillsborough

BEFORE ME, the undersigned authority, on this 31<sup>st</sup> day of August, 1999,  
personally appeared **Sigrid E. Tidmore** who is

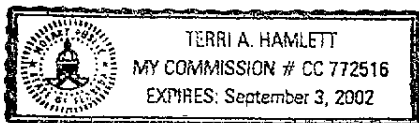
\_\_\_\_\_ to me well known to be the person described in and who signed the foregoing

Articles of Organization; or,

☒ produced the following identification: **Florida Driver's Licence** with the following  
identification number: No. T356785528680.

and acknowledged to me that he executed the same freely and voluntarily, for the uses and  
purposes therein expressed.

WITNESS my hand and official seal the date aforesaid.



Terri A. Hamlett

NOTARY PUBLIC

My Commission Expires: 9-3-2002

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AFFIDAVIT OF MEMBERSHIP AND AGREED VALUE OF PROPERTY  
OF  
TRANSGRAFIX, L.L.C.

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

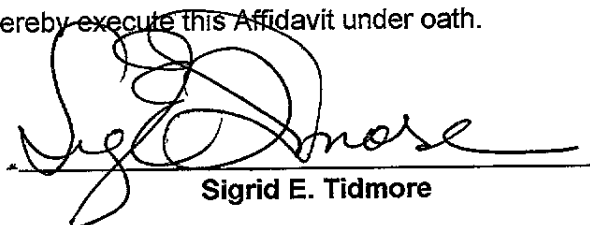
**BEFORE ME**, the undersigned authority, a licensed notary public or officer duly authorized to administer oaths and to take acknowledgments in the State and County aforesaid, personally appeared **Sigrid E. Tidmore**, who after first being duly sworn under oath according to law, affirmatively deposes and says:

1. I, **Sigrid E. Tidmore**, am one and the same as the declarant/affiant herein.
2. At all times material herein, my residence and domicile is located at 3809 West Corona Street, Tampa, Florida 33629-8616.
3. This affidavit is based upon my own personal knowledge of the events and statements of facts stated herein.
4. Pursuant to Florida Statute § 608.407 (2) (1999), I hereby declare under oath the following:
  - a) Transpografix, L.L.C. a new Limited Liability Company to be organized under Florida law, has at least one member, to wit, myself (hereinafter, "Member").
  - b) The cash contributed to this Limited Liability Company by its Members is \$200.00.
  - c) The property other than cash contributed by its Member is zero, which has an agreed value of \$ N/A.
  - d) The cash and property anticipated to be contributed in the future will have a value of \$ 10,000.

**FURTHER AFFIANT SAYETH NOT.**

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IN WITNESS WHEREOF, the undersigned does hereby execute this Affidavit under oath.

  
Sigrid E. Tidmore

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

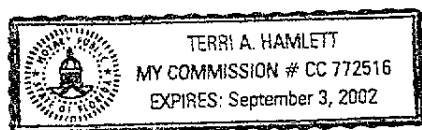
BEFORE ME, the undersigned authority, on this 31<sup>st</sup> day of August, 1999,  
personally appeared **Sigrid E. Tidmore** who is

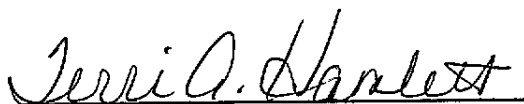
\_\_\_\_\_ to me well known to be the person described in and who signed the foregoing  
Articles of Organization; or,

✓ produced the following identification: **Florida Driver's Licence,**  
No. T356785528680

and acknowledged to me that he executed the same freely and voluntarily, for the uses and  
purposes therein expressed.

WITNESS my hand and official seal the date aforesaid.





NOTARY PUBLIC

My Commission Expires: 9-3-2002

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