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**EXAMINER** 

DIVISION OF CORPORATIONS

10 SEP 16 PM 12 RE

#### **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: Ciraphic Imaging Technology, LLC (Name of Limited Liability Company)	10 (0)			
(Name of Limited Liability Company)	<b>1</b>			
The enclosed "Application by Foreign Limited Liability Company for Authorization to Tr Florida," Certificate of Existence, and check are submitted to register the above referenced liability company to transact business in Florida	ansact Business in 🛴			
Please return all correspondence concerning this matter to the following:				
McNalle (Name of Person)	<del></del>			
(Name of Person)				
Ouad/Esraphics, Inc. (Firm/Company)				
(Firm/Company)				
Nu3 W23075 Hwy 74  (Address)				
(Address)	<del></del>			
SUSSEX, WI 53089				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Any McNatic at (414) 5166-2011 (Name of Person) (Area Code & Daytime Telephone				
(Name of Person) (Area Code & Daytime Telephone	Number)			
MAILING ADDRESS:  Division of Corporations P.O. Box 6327  STREET ADDRESS: Division of Corporations Clifton Building				
Tallahassee, FL 32314  Tallahassee, FL 32301  Cilifol Banding  2661 Executive Center Circle  Tallahassee, FL 32301				
	ng Fec, Certificate Status & Certified Copy			

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608,503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Graphic Imaging Technology, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writte consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2. Claware (Jurisdiction under the law of which foreign limited liability company is organized)  3. 39 - 2002736 (FEI number, if applicable)
4. JULE 10, 2000 (Date of Organization)  5. Per petual (Duration: Year limited liability company will cease to exist or "perpetual")
6. Jule 28, 2010  (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  7. 2300 Elades Road Suite 300-E  Boca Roten, FL 33431  (Street Address of Principal Office)  8. If limited liability company is a manager-managed company, check here
7. 2300 Ellades Road Suite 300-E 5
Boca Raten, FL 33431 (Street Address of Principal Office)
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
Quad/Erraphics, Inc.
NU3 W23075 Highway 74
NU3 W23075 Highway 74 Sussex, W1 53089
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under cath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: commercial
printing premedia services
' $($ $($ $)$
Signature of a member of an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Andrew R Schiese
Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	of the Limited Liability C	ompany is:			
Graphic Imagir	ng Technology, LLC				
If name unavailable, the alternate name to be used in the state of Florida is:					
2. The name a	and the Florida street add	ess of the registered agent and office	e are:		
	NRAI Services, Inc.				
		(Name)			
	2731 Executive Park Dr				
	Florida Stree	Address (P.O. Box NOT ACCEPTABLE)			
	Weston	FL 33331			
		City/State/Zip			
liability compo agent and agre relating to the obligations of NRAI Services By:	any at the place designates we to act in this capacity. proper and complete pery mylposition as registered Int (Signature) ski-Asst. Secretary	and to accept service of process for the in this certificate, I hereby accept the further agree to comply with the provermance of my duties, and I am familiagent as provided for in Chapter 608,	appointment as registerea visions of all statutes ar with and accept the		
	\$ 10	<u> </u>	rant		
	\$ 2 \$ 3	<ul><li>Designation of Registered Ag</li><li>Certified Copy (optional)</li></ul>	gent		

\$ 5.00 Certificate of Status (optional)

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "GRAPHIC IMAGING TECHNOLOGY, LLC" IS
DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF
THIS OFFICE SHOW, AS OF THE SIXTH DAY OF AUGUST, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GRAPHIC IMAGING TECHNOLOGY, LLC" WAS FORMED ON THE SIXTEENTH DAY OF JUNE, A.D. 2000.

3246368 8300

100807358

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

AUTHENTACATION: 8157272

DATE: 08-06-10