TRANSMITTAL LETTER OFFICE OF TRANSMITTAL LETTER OFFICE OF TRANSMITTAL LETTER OFFICE OF TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Print EtceTera LnC. (Proposed corporate name - must include suffix)				
Enclosed is an original a	and one(1) copy of the article	es of incorporation and a	check for :	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate	
FROM: _	1205 Sylvan	dale Road Address	MSS!	OR OCT -5 PH
-	Mendota He City. 651-455-23	State & Zip	55/18 FLORIDA	FD 1:55

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation

Article I. Name
The name of the corporation shall be Print Etcetera Inc.

Article II. Principal Office

The principal place of business and mailing address of this corporation shall be: 4722 S.E. First Place, Suite 7; Cape Coral, FL 33904.

Article III. Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1000 shares.

Article IV Initial Registered Agent and Street Address
The name and Florida street address of the initial registered agent are:
Alex Sherbanenko; 4722 S.E. First Place, Suite 7; Cape Coral, FL 33904.

Article V. Incorporator

The name and address of the incorporator to these Articles of Incorporation are: Victor Sherbanenko; 1205 Sylvandale Road; Mendota Heights, MN 55118.

Signature/Incorporator

Date

Having been named as registered agent and to accept service of process for the above stated corporation 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

Signature/Registered agent

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