

B19000000223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

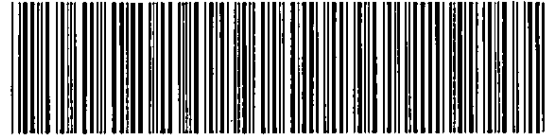
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 JAN 13 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

20 JAN 13 PM 5:05

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Y SULKER

FEB 03 2020

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 1/13/2020

Acc#I20160000072

*en: c DW*

|             |              |
|-------------|--------------|
| Name:       | INK USA LLLP |
| Document #: |              |
| Order #:    | 12557856     |

|                                   |                          |                         |  |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend:   | <input type="checkbox"/> |                         |  |
| Plain Copy:                       | <input type="checkbox"/> |                         |  |
| Certificate of Good Standing:     | <input type="checkbox"/> |                         |  |
|                                   | <input type="checkbox"/> |                         |  |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: |  |
|                                   |                          | Number of Certs:        |  |

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| Filing: <input checked="" type="checkbox"/> | Certified: <input checked="" type="checkbox"/> |
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| Availability _____  |
| Document _____      |
| Examiner _____      |
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| W.P. Verifier _____ |
| Ref# _____          |

Amount: \$ 105.00

Thank you!

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INK USA LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Arianne Plasencia

Contact Person

DLA Piper LLP (US)

Firm/Company

200 S Biscayne Blvd, Ste 2500

Address

Miami, FL 33131

City, State and Zip Code

arianne.plasencia@us.dlapiper.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arianne Plasencia

at ( 305 ) 423.8507

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☐ \$61.25 Filing Fee  
and Certificate of  
Status

☒ \$105.00 Filing Fee  
and Certified Copy

☐ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 14, 2020

CT CORP

SUBJECT: INK USA LLLP  
Ref. Number: B19000000223

**CORRECTED**  
**Please Allow For**  
**Same File Date**

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

The statement of correction must be signed by at least one general partner

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) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 520A00000961

2020 JAN 31 AM 10:59

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

INK USA LLLP

Insert name currently on file with Florida Department of State

B19000000223

Florida Document Number of Limited Partnership or Limited Liability Limited Partnership

Pursuant to the provisions of section 620.1207, Florida Statutes, this limited partnership or limited liability limited partnership submits the following statement of correction.

**FIRST:** The reason for filing this statement of correction is:

- ☐ The record contained false or erroneous information.  
☒ The record was defectively signed.

**SECOND:** This statement corrects LP Amendment

Specify document type being corrected

filed with the Florida Department of State on 08/19/2019

Insert date document filed with Dept. of State

**THIRD:** The false or erroneous information or defect is as follows:

The person that signed the document was not an authorized signatory for C&D Ocean Drive, Inc.,  
the General Partner of the Limited Partnership. -----

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**FOURTH:** The false or erroneous information or defect is corrected as follows:

The correct signatory for C&D Ocean Drive, Inc., as General Partner, is Bechara Khabouth. -----  
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2020 JAN 13 AM 8:26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA


FILED

Signature of a general partner\*:

(\*Note: If adding or deleting an election to be a limited liability limited partnership statement, all general partners must sign. If adding additional general partner(s), the new general partner(s) must sign).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature(s) of new general partner(s), if any:

  
\_\_\_\_\_  
\_\_\_\_\_

Signature of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation below)

*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 relative 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 of Registered Agent

|                                   |         |
|-----------------------------------|---------|
| Filing Fee:                       | \$52.50 |
| Certified Copy (optional):        | \$52.50 |
| Certificate of Status (optional): | \$8.75  |