

LO7000031412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

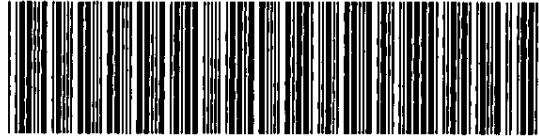
☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



900093764109

03/22/07--01024--014 **125.00

FILED
07 MAR 22 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Special Instructions to Filing Officer:

Matthew Ellis GAVE
AUTHORIZATION BY PHONE TO
CORRECT name to what in #1
DATE 3-23-07
DOC. EXAM M&C

Office Use Only

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPILLED INK, LLC _____
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matthew Ellis _____
(Name of Person)

SPILLED INK, LLC _____
(Firm/Company)

242 Brookside St. _____
(Address)

Lehigh Acres, FL 33936 _____
(City/State and Zip Code)

For further information concerning this matter, please call:

Matthew Ellis _____ at (239) 462-3870
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 MAR 22 AM 11:46

FILED

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$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
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SPILLED INK, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "L.L.C.," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

242 Brookside St.

Lehigh Acres, FL 33936

Mailing Address:

242 Brookside St.

Lehigh Acres, FL 33936

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Matthew Ellis

Name

242 Brookside St.

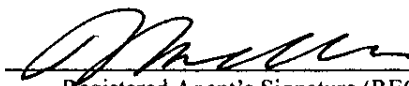
Florida street address (P.O. Box **NOT** acceptable)

Lehigh Acres, FL 33936

FL

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 608, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 MAR 22 AM 11:46

FILED

The name and address of each Manager or Managing Member is as follows:

20

Page 2 of 2