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C. LEWIS
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EXAMINER

## **COVER LETTER**

TO: Registration 的 Division of Co				
SUBJECT:	Inkblot Er	ntertainment, LLC		
	(Name of Limited Liability Company)			
	of Organization and fee(s) are	-		
ricase feturii ari corres		-		
	Daniel	Eric Markin		
		(Name of Person)		
	Inkblot En	tertainment, LLC		
		(Firm/Company)		
	8261 A	Thames Blvd		
		(Address)		
	Boca Ra	aton, FL 33433		
<del> </del>	(C	ity/State and Zip Code)	_	
For further information	concerning this matter, pleas	se call:		
Daniel	Eric Markin	at ( 561 ) 945-126	69	
(Name	e of Person)	(Area Code & Daytime Tele	phone Number)	
Enclosed is a check f	or 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 C	ircle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company i	s:		
Inkblot Entertainment, LLC  (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:			
	principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
8261 A Thames Blvd	8261 A Thames Blyd		
Boca Raton, FL 33433	Boca Raton, FL 33433		
Florida street a  Boca Raton,  City, State  Having been named as registered agent and to liability company at the place designated in	Blvd Circ, NW address (P.O. Box NOT acceptable)  FL 33431  a, and Zip  o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as sity. I further agree to comply with the provisions of all		

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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## ARTICLE IV- Manager(s) or Managing Member(s):

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

2009 FEB -9 PM 12: 19

Name and Address:  SECRETARY OF STATE TALLAHASSEE, FLORIDA
Daniel Eric Markin 8261 A Thames Blvd
Boca Raton, FL 33433
he date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
Der or an authorized representative of a member.
1

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Daniel Eric Markin
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)