

L1000666613/4

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

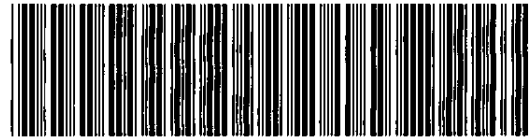
(Business Entity Name)

(Document Number)

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

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06/01/10--01056--016 \*\*160.00

Effective Date 06/01/10

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JUN - 7 PM 3:22

T. HAMPTON  
JUN - 8 2010  
EXAMINER

1952-010

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: InkPal,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:

Kjell G Larsson

\_\_\_\_\_  
Name of Person

Hamdon Ventures, LLC

\_\_\_\_\_  
Firm/Company

14 palm Harbor Village Way

\_\_\_\_\_  
Address

Palm Coast, FL 32137

\_\_\_\_\_  
City/State and Zip Code

larsson@bellsouth.net

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

For further information concerning this matter, please call:

Kjell Larsson

\_\_\_\_\_  
Name of Person

at ( 386 ) 986-1600x204  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 JUN -7 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 2, 2010

KJELL G LARSSON  
14 PALM HARBOR VILLAGE WAY  
PALM COAST, FL 32137

SUBJECT: INKPAL, LLC  
Ref. Number: W10000026561

We have received your document for INKPAL, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each *managing member or manager who will manage the foreign limited liability company* in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

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) 245-6855.

Tammy Hampton  
Regulatory Specialist II

Letter Number: 210A00013755

Effective Date

06/01/10

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

InkPal, LLC

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

### ARTICLE II - Address:

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

#### Principal Office Address:

14 Palm Harbor Village Way

Palm Coast, FL 32137

#### Mailing Address:

14 Palm Harbor Village Way

Palm Coast, FL 32137

### 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:

Kjell G Larsson

Name

14 Palm Harbor Village Way

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

Palm Coast

FL 32137

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

10 JUN -7 PM 3:22

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Kemp Entertainment, Inc  
14 Palm Harbor Village Way  
Palm Coast, FL 32137

MGRM

Hamdon Ventures, LLC  
14 Palm Harbor Village Way  
Palm Coast, FL 32137

MGM

Martin Larsson  
14 Palm Harbor Village Way  
Palm Coast, FL 32137

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 6/1/2010 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Kjell Larsson  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)