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AUG 15 2012

EXAMINER



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COVER LETTER

TO: Registration Division of	n Section Corporations		* .
SUBJECT:	ZNKWOOD RE Name of Limi	ENTALS LLC ited Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Stephen K	Name of Person	
S	KS Busives.	Solutions 1.	w c
	0 Bx 162	3 Address	
	sedur city ci	<i>UT 9</i> 4721-16 ry/State and Zip Code	23
<u>S</u>	E-mail address: (to be used	for future annual report notification)	· · · · · · · · · · · · · · · · · · ·
For further information	n concerning this matter, pleas	e call:	
Stephen Name	K Strand e of Person	at (<u>435</u>) <u>559-3</u> Area Code & Daytime Teleph	3 O Y one Number
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	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 Circ	cle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INKWOOD RENTALS 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:

Mailing Address:

8408 CHENILLE DRIVE **ORLANDO FLORIDA 32818** 8408 CHENILLE DRIVE ORLANDO FLORIDA 32818

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:

DARLENE VILLAFANA

Name

8408 CHENILLE DRIVE

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

ORLANDO

FL 32818
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 mv 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

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Mem	iber
MGRM	MARILYN THUET 481 W DEER TRAILS CIRCLE
	CEDAR CITY UT 84720
MGRM	DARRO THUET
	481 W DEER TRAILS CIRCLE
	CEDAR CITY UT 84720
(Use attachment if necessary	·)
CLF V: Effective date if other	r than the date of filing: (OPTIONAL)
effective date is listed, the date	e must be specific and cannot be more than five business days p
90 days after the date of filing.	
REQUIRED SIGNATURE):
Man h	A Aller I
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

MARILYN THUET, MGRM

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)