

11/14/12

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
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**To:**

**Division of Corporations**  
**Fax Number : (850) 617-6383**

**From:**

**Account Name : HURCO**  
**Account Number : 104662003400**  
**Phone : (516) 935-3940**  
**Fax Number : (516) 935-3088**

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** masontaxsvc@att.net

**FLORIDA LIMITED LIABILITY CO.**  
**iPackin Global LLC**

Certificate of Status	1
Certified Copy	0
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**A. LUNT**

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**EXAMINER**

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **IPackIn Global LLC**

ARTICLE II - Address

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

Principal Office Address:

944 NE Spruce Ridge Drive #B-7

Stuart, FL 34994

Mailing Address:

P.O. Box 811

Jensen Beach, FL 34958

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

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

Blaine Ellingson

Name

944 NE Spruce Ridge Drive #B-7

(P.O. Box or Mail Drop Box NOT Acceptable)

Stuart, FL 34994

(City / State / 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 - Blaine Ellingson

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

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

**Title:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGR

Blaine Ellingson - 944 NE Spruce Ridge Dr. #B-7, Stuart, FL 34994

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

  
Signature of a member or 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.)

Blaine Ellingson

Typed or printed name of signee

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