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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	, MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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OCT 20 2014 J. BRUCE

COVER LETTER

TO: Registration Division of G	i Section Corporations		
<i>*</i>		٤	
SUBJECT: INDIAN	RIVER INK LLC	•	
		mited Liability Company	
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.	
Please return all corre	spondence concerning this n	natter to the following:	
Thomas	A. Ramus		
		Name of Person	
		n: Io	· · · · · · · · · · · · · · · · · · ·
		Firm/Company	
3698 NE	INDIAN RIVER DRIVE A		
		Address	
JENIOEN	DEACH ELODIDA 2405	7	
JENSEN	BEACH, FLORIDA 34957	City/State and Zip Code	
thomasramus@		ony out and hip ood	
ulomasiamuse	E-mail address: (to be use	d for future annual report notifica	ation)
For further informatio	n concerning this matter, ple	ase call:	ation) 24 OCT 15
			<u> </u>
Thomas A. Ramus		813) 523-6387	
Nan	ne of Person	Area Code Daytime Te	lephone Number 1000 03
			1 2
Enclosed is a check for	r the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		<u> </u>	
	ling Address istration Section	Street/Courier Add Registration Section	ress

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

INDIAN RIVER INK LI			
(M	ust end with the words "Lin	nited Liability Company, "L.L.C.," o	or "LLC.")
ARTICLE II - Address	*		
The mailing address and	street address of the princip	pal office of the Limited Liability Co	ompany is:
Principal Office Addres	ss:	Mailing Address:	
3698 NE INDIAN RIVI		SAME	
JENSEN BEACH, FLO	ORIDA 34957		
		fice, & Registered Agent's Signatu	
(The Limited Liability Co	ompany cannot serve as its	own Registered Agent. You must de	
(The Limited Liability Coanother business entity v	ompany cannot serve as its with an active Florida regist	own Registered Agent. You must de ration.)	
(The Limited Liability Connother business entity v	ompany cannot serve as its	own Registered Agent. You must de ration.)	signate an individual or
The Limited Liability Connother business entity of the name and the Florida	ompany cannot serve as its with an active Florida regist	own Registered Agent. You must de ration.)	
The Limited Liability Connother business entity of the name and the Florida	ompany cannot serve as its with an active Florida regist a street address of the regist Thomas A. Ramus	own Registered Agent. You must de ration.)	signate an individual or
(The Limited Liability Connother business entity value of the name and the Florida [ompany cannot serve as its with an active Florida regist a street address of the regist Thomas A. Ramus	own Registered Agent. You must de ration.) tered agent are:	signate an individual or 2014 OCT 15
(The Limited Liability Coanother business entity of The name and the Floridal Coanother Coanothe	ompany cannot serve as its with an active Florida regist a street address of the regist Thomas A. Ramus	own Registered Agent. You must de ration.) tered agent are: lame DRIVE A-300	signate an individual or 2014 OCT 15 AM
(The Limited Liability Coanother business entity was another business entity was and the Florida [1]	ompany cannot serve as its with an active Florida regist a street address of the regist Thomas A. Ramus N 3698 NE INDIAN RIVER	own Registered Agent. You must de ration.) tered agent are: lame DRIVE A-300	signate an individual or 2014 OCT 15

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Thomas A. Ramus 3698 NE INDIAN RIVER DRIVE A-300 JENSEN BEACH, FLORIDA 34957
	OLNOLIN BEACH, I COMBA 04007
· · · · · · · · · · · · · · · · · · ·	
	
	
	
(Use attachment if necessary) E V: Effective date, if other than the date	of filing: (OPTIONAL)
E V: Effective date, if other than the date	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 or
E V: Effective date, if other than the date ctive date is listed, the date must be spef filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90 o
E V: Effective date, if other than the date ctive date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under 1 am aware that any false information.)	ecific and cannot be more than five business days prior to or 90 o
E V: Effective date, if other than the date ctive date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under 1 am aware that any false information.)	ecific and cannot be more than five business days prior to or 90 cannot be more than five business days prior to or 90 cannot be more or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of States are years provided for in s.817.155, F.S.)