

L15 0000 46888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

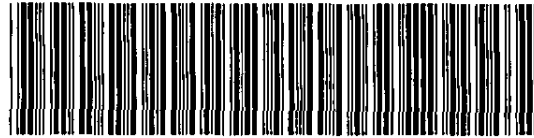
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700269835627

03/16/15--01008--003 **160.00

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15 MAR 16 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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15 MAR 16 AM 9:45
DIVISION OF CORPORATIONS

MAR 17 2015

T. HAMPTON

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301

850-205-8842

Inkology, LLC

--

<input type="checkbox"/> Nonprofit
<input type="checkbox"/> Domestic Corporation
<input type="checkbox"/> Limited Partnership
<input checked="" type="checkbox"/> LLC
Formation
<input checked="" type="checkbox"/> Certified Copy
Formation
<input checked="" type="checkbox"/> Walk In
<input type="checkbox"/> Mail Out

<input checked="" type="checkbox"/> Amendment
<input checked="" type="checkbox"/> Dissolution/Withdrawal
<input type="checkbox"/> Reinstatement
<input type="checkbox"/> Annual Report
<input type="checkbox"/> Name Registration
<input checked="" type="checkbox"/> Fictitious Name
<input type="checkbox"/> Photocopies
<input type="checkbox"/> Will Wait

<input type="checkbox"/> Merger
<input type="checkbox"/> Mark
<input checked="" type="checkbox"/> Other
<input checked="" type="checkbox"/> CUS
<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Pick Up

Name _____

Availability _____

Document _____

Examiner _____

Updater _____

Verifier _____

W.P. Verifier _____

3/13/2015

KM

Order#

70549120

Ref#:

Amount: \$

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Inkology, 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:

Kevin Rockoff
Name of Person

Kittrich Corporation
Firm/Company

1585 W. Mission Blvd.
Address

Pomona, CA 91766
City/State and Zip Code

kevinR@kittrich.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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 Circle
Tallahassee, FL 32301

LETTER OF CONSENT

TO: Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: Inkology, LLC as a separate business entity

I, Barry Silberman, President of Inkology, Inc., a Florida Corporation, am fully aware that another entity exists which is contemplating registering under the name "Inkology, LLC." I hereby irrevocably consent to allow Inkology, LLC to register, conduct business, and use this name freely.

DATED as of this 6th day of March, 2015.

INKOLOGY, INC.

BY: 

BARRY SILBERMAN
President
398 Camino Gardens Blvd. #204
Boca Raton, FL 33432

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Inkology, 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:

398 Canino Gardens Blvd., Ste 204
Boca Raton, FL 33432

Mailing Address:

1585 W. Mission Blvd.
Pomona, CA 91766

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:

C T Corporation System

Name

1200 South Pine Island Road

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

Plantation

FL

33324

City

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 605 F.S.

By: 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Robert Friedland

1585 W. Mission Blvd.

Pomona, CA 91766

MGR

Barry Silberman

398 Canino Gardens Blvd., Ste 204

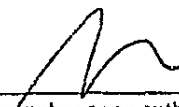
Boca Raton, FL 33432

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)

Robert Friedland

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)

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TALLAHASSEE, FLORIDA