## 615000047846

| (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: | 7 |
|   |   |
|   |   |
|   |   |
|   |   |
| ·                                       |   |

Office Use Only



000270040350

03/03/15--01007--012 \*\*130.00

15 MAR - 3 PM In 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T BOOM MAR 1 9 2015

## **COVER LETTER**

| TO:              | Registration Section Division of Corporations                        |   |  |
|------------------|--|---|--|
| SUBJ             | ECT: Sundried Ink, LLC Name of L                                     | imited Liability Company  |  |
| The er           | nclosed Articles of Organization and fee(s)                          | are submitted for filing.   |  |
| Please           | return all correspondence concerning this                            | matter to the following:  |  |
|                  | Joshua Quick   | Name of Person  |  |
|                  |  | Name of Person  |  |
|                  | Sundried Ink, LLC  |   |  |
|                  |  | Firm/Company  |  |
|                  |  |   |  |
|                  | 1103 Ocean Dunes Circle  | Address   |  |
|                  |  | Audiças   |  |
|                  | Jupiter, FL 33477  |   |  |
|                  |  | City/State and Zip Code   |  |
| <u>J</u> (       | QuickStudios@gmail.com   |   |  |
|                  | E-mail address: (to be us  | ed for future annual report notifica                                | ation)   |
| For fu           | rther information concerning this matter, pl                         | ease call:  |  |
|                  |  |   |  |
| <u>Joshi</u>     | ua Quick at (  | (561 ) 632-8601   |  |
|                  | Name of Person   | Area Code Daytime Te  | lephone Number   |
| Enclos           | sed is a check for the following amount:                             |   |  |
|                  | _  | T0155 00 EU E &   | □\$160.00 Filing Fee,  |
| <b>⊒</b> \$125.9 | 00 Filing Fee \$\Bigsiz \\$130.00 Filing Fee & Certificate of Status | ☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed) |
|                  | Mailing Address  | Street/Courier Add  | ress   |
|                  | Registration Section   | Registration Section  |  |
|                  | Division of Corporations<br>P.O. Box 6327                            | Division of Corporat<br>Clifton Building                            | tions  |
|                  | Tallahassee, FL 32314  | 2661 Executive Cent   | ter Circle   |

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Sundried Ink, LLC  |  |  |
|--|--|--|
| (Must end with the words "Lin  | nited Liability Company, "L.L.C.," or  | "LLC.")  |
| ARTICLE II - Address: The mailing address and street address of the princip  | oal office of the Limited Liability Con  | npany is:  |
| Principal Office Address:  | Mailing Address:   |  |
| 1103 Ocean Dunes Circle<br>Jupiter, FL 33477   | 1103 Ocean Dunes Circle<br>Jupiter, FL 33477   |  |
| ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its another business entity with an active Florida regist  The name and the Florida street address of the regist  Joshua Quick | own Registered Agent. You must destration.)  | ignate an individual or  SECRETARY  ARY  SECRETARY   |
| 1103 Ocean Dunes Circle  |  |  |
| Florida street address (P.O.   | <del></del> •  | L: 57  |
| <u>Jupiter</u><br>City   | FL 33477<br>Zip  | D.A. O   |
| Having been named as registered agent and to acce<br>the place designated in this certificate, I hereby a<br>capacity. I further agree to comply with the provis<br>of my duties, and I am familiar with and accept th       | pt service of process for the above stat<br>accept the appointment as registered ag<br>ions of all statutes relating to the prop | ted limited liability company at<br>gent and agree to act in this<br>er and complete performance |

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

| <u>Title:</u> "AMBR" = Authorized Member  | Name and Address:  |
|---|--|
| "MGR" = Manager   |  |
| MGR   | Joshua Quick   |
|   | 1103 Ocean Dunes Circle  |
|   | Jupiter, FL 33477  |
| MOD   | Our Mile Out of  |
| MGR   | Cynthia Quick  |
|   | 1103 Ocean Dunes Circle  |
|   | Jupiter, FL 33477 ≥ C.   |
|   | 「  |
|   |  |
|   |  |
|   |  |
|   | Mo -   |
|   |  |
|   | — — — — — — — — — — — — — — — — — — —  |
|   |  |
|   | 52   |
| (Use attachment if necessary)  CLE V: Effective date, if other than the   |  |
| CLE V: Effective date, if other than the  | <u></u>  |
| CLE V: Effective date, if other than the deffective date is listed, the date must be the of filing.) CLE VI: Other provisions, if any.  | date of filing: 03/01/2015 (OPTIONAL)  |
| CLE V: Effective date, if other than the deffective date is listed, the date must be the of filing.) CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:   | date of filing: 03/01/2015 (OPTIONAL) e specific and cannot be more than five business days prior to or 9  |
| CLE V: Effective date, if other than the deffective date is listed, the date must be the of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation to I am aware that any false in | date of filing: 03/01/2015 (OPTIONAL)  |
| CLE V: Effective date, if other than the deffective date is listed, the date must be the of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation to I am aware that any false in | thate of filing: 03/01/2015 (OPTIONAL)  e specific and cannot be more than five business days prior to or 9  member or an authorized representative of a member.  a 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.  a formation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.) |

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

ARTICLE IV-