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	CERTIFIED COPY	
	РНОТОСОРУ	
ζ.	GS	
K	FILING	LLC
P	RETTY IN INK CREATION	ONS LLC
(C	CORPORATE NAME AND DOCUM	MENT #)
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COVER LETTER

TO: New Filing Section Division of Corporations	ı		
suвјест:Pretty_	n Ink Creations L Name of Limited Liability	LC ty Company	
The enclosed Articles of Organizat	on and fee(s) are submitted	for filing.	
Please return all correspondence co	ncerning this matter to the fo	ollowing:	
	Meghan G		
 	Liquor License	Professional	s
	2200 Lucien \		
	Maitland FL3 City/State and	2751	
Me	ghan@liquorlicen	=	al.com
E-mail add	ress. (to be used for future ar	nual report notification	n)
For further information concerning the	is matter, please call:		
Meghan Gorm	an at (407	966.1818	
Name of Person		Daytime Telephone	Number
Enclosed is a check for the following	g amount:		
	ate of Status Certific	.00 Filing Fee & d Copy l copy is enclosed)	▼\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3	n Norations T	Street Address New Filing Section Div The Centre of Tallahas 1415 N. Monroe Street Tallahassee, FL 32303	sec

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabili				
(Must con-	Pretty In Ink	Creations L Liability Company.		
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Limited	Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Address:	
44824 6th S Deland FL 3	treet 2720		824 6th Street eland FL32720	 _
The name and the Florida street	Step	phen Stone Name Iagnolia Ave	enue	
	Orlando	FL	32803	
	City	State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the plam familiar with and accept the ol	, I hereby accept the appo rovisions of all statutes re	intment as registered lating to the proper	ed agent and agree to act in this a and complete performance of my	apacity. 1 duties, and 1

(CONTINUED)



Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Kristin Acher
	44824 6th Street
	Deland FL 32720

(Use attachment if necessary) CLE V: Effective date, if other than the	he date of filing:
CLE V: Effective date, if other than the offective date is listed, the date must be of filing.) If the date inserted in this block does turnent's effective date on the Department.	t be specific and cannot be more than five business days prior to or 90 days after as not meet the applicable statutory filing requirements, this date will not be listed
CLE V: Effective date, if other than the fifective date is listed, the date must be of filing.) If the date inserted in this block does	t be specific and cannot be more than five business days prior to or 90 days afte es not meet the applicable statutory filing requirements, this date will not be listed
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CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does turnent's effective date on the Department's effective	t be specific and cannot be more than five business days prior to or 90 days afte es not meet the applicable statutory filing requirements, this date will not be listed
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does turnent's effective date on the Department's effective	of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. ny false information submitted in a document to the Department of State

\$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-