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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PLATINUM INK, LLC.	- - -
Please Debit FCA000000003 For: 125	-
Thank you Seth Neeley	
Stoff	Art of Inc. File UTD Partnership File Foreign Corp. File K L.C. File
	Fictitious Name File Trade/Service Mark Merger File Art, of Amend, File
	RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement
	Certificate of Good Standing Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search
Signature Requested by:	Fictitious Search Fictitious Owner Search Vehicle Search Driving Record UCC 1 or 3 File
Name Date Time Walk-In Will Pick Up	UCC 11 Search UCC 11 Retrieval Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Platinum Ink, LLC, (Must cor		ed Liability Company	, "L.L.(", or "LL(;")	
ARTICLE II - Address:		, , , , , , , , , , , , , , , , , , ,	in think it of thick y	
The mailing address and street	address of the principa	al office of the Limited	Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Add	ress;
3611 Windsong St.		361	1 Windsong St.	
El Monte, CA 9173	-	<u>Ē13</u>	Monte, CA 91732	<u> </u>
ARTICLE III - Registered A	unnt Ungirtarad (1995	a. P. Daristanal La		
 (The Limited Liability Compan 	iy cannot serve as its o	wn Registered Agent,	nt's Signature: You must designate an ir	dividual or
another business entity with an	active Florida registra	ation.)		
The name and the Florida stree	t address of the registe	red agent are:		
	Romy B. Jurado			
		Name		
	10800 Biscayne B	Boulevard, Suite 850		
		ress (P.O. Box <u>NOT</u> a	eceptable)	
	Miami	FIL	33161	
	City	State	Zip	
Harden barren samul as a selection of		and a restrict the second second	さいけいいしつ じたげんして しいいげんとく だいけ	thly company at the
Having been named as registered place designated in this certificate further agree to comply with the pain familiar with and accept the o	e. I hereby accept the a provisions of all statute bligations of my positi	ppointment as register is relating to the proper on as registered agent	ed agent and agree to act cand complete performan as provided for in Chapte /	ce of my duties, and I
place designated in this certificate further agree to comply with the p	e. I hereby accept the a provisions of all statute bligations of my positi	ppointment as register s relating to the prope	ed agent and agree to act cand complete performan as provided for in Chapte /	ce of my duties, and I

ARTICLE IV-

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

	unager		
MGR		Mohamad Sukkar 3611 Windsong St. El Monte, CA 91732	
			
(Use attachm	ont if nonnegary)		
ICLE V: Effectiv	e date, if other than th	he date of filing:	r.
reffective date is ate of filing.) <u>:</u> If the date inser	e date, if other than the listed, the date must ted in this block doe	he date of filing: t be specific and cannot be more than five business days prior to or 90 d es not meet the applicable statutory filing requirements, this date will not b rtment of State's records.	•
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\$ 5.00 Certificate of Status (Optional)