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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name

: ALDO BELTRANO, P.A.

Account Number : 120010000166 Phone

: (561)799-6577

Fax Number

: (561)799-6241

L@RIDA/FOREIGN LIMITED LIABILITY CO.

INK TWICE, LLC

Certificate of Status Certified Copy 0 Page Count 05 Estimated Charge \$130.00



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Corporate Filing Menu

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	DIN DEST TEN
TO: Registration Section Division of Corporations	
SUBJECT: INK TWICE LLC	t .
(Name of Lim	ited Liability Company)
	bility Company for Authorization to Transact Business in abmitted to register the above referenced foreign limited
Please return all correspondence concerning this m	atter to the following:
Aldo Beltrano, Esquire	
	me of Person)
Law Offices of Aldo Beltrano, P.	A.
	m/Company)
11911 US Hìghway 1, Suite	201
	(Address)
•	∓ α 06
North Palm Beach, Florida	33408 FG HA
	ate and Zip Code)
For further information concerning this matter, plea	ase call:
	5% 5
Aldo Beltrano, Esquire	at (00 l) 199-03// 富善 い
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
RECTROM C	Tallahassee, FL 32301
Enclosed is a check for the following amount:	
\$125.00 Filing Fee	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608-503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	INK TWICE LLC (Name of Foreign Limite	4 7 7	hility Company)	
	(Manie of Foleign Littlice		• • •	
	Delaware		20-4015310	
	furisdiction under the law of which foreign limited liabilit company is organized)	У	(FEI number, if applicable)	
	December 12, 2005	5.	Perpetual	
	(Date of Organization)	٥.	(Duration: Year limited liability company exist or "perpetual")	will cease to
	n/a			
	(Date first transacted business in (See sections 608.501 & 608.502 P	Flor	ida, if prior to registration.) o determine penalty liability)	
	2919 North Military Trail, West Palm Beach,	FĻ:	33409	
	(Street Addre	ess of	Principal Office)	
	If limited liability company is a manager-manag	ed c	ompany, check here 🗸	
	The name and usual business addresses of the m	anac	ging members or managers are as folk	nws:
				••••
	Phillip Serls, 2919 North Military Trial, West Palr	n Be	each, FL 33409	
			· -	· · · · · · · · · · · · · · · · · · ·
	Attached is an original certificate of existence, no more than 9			
j	urisdiction under the law of which it is organized. (A photoc	хору і	is not acceptable. If the certificate is in a foreign	
j	urisdiction under the law of which it is organized. (A photoc slation of the certificate under eath of the translator must be s	opy ubmi	is not acceptable. If the certificate is in a foreign itted.)	n language, a
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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	ne of the Limited Liability Compan	y is:	
INK TW	ICE LLC		
2. The nar	ne and the Florida street address of	the registered agent and office are:	
	Phillip Serls		
		(Name)	_
	2919 North Military Trail	ſ	
	Florida Street Addres	SS (P.O. BOX <u>NOT</u> ACCEPTABLE)	_
	West Palm Beach	FL 33409	_
		City/State/Zip	~

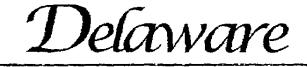
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INK TWICE LLC" IS DOLY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF MARCH, A.D. 2006.

SECRETARY OF STATE

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Darriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 4598677

DATE: 03-17-06

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