Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0383

Troma

Account Name : ALDO BELTRANO, P.A.

Account Number : I20010000166 ± (561)799-6577 Fax Number : (561)799-6241

FLORIDA/FOREIGN LIMITED LIABILITY CO.
INK RE-PHILL, L.L.C.

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

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Corporate Filing Menu

Help

J. BRYAN APR 2 5 2006

561-799-6241

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#### **COVER LETTER**

TO: Registration Section		
Division of Corporations		
SUBJECT: INK RE-PHILL, L.L.C.		
(Name of Limited Liability Company)		
(Name of Linnu	at Liability Company)	
The enclosed "Application by Foreign Limited Liab; Florida," Certificate of Existence, and check are subliability company to transact business in Florida	ility Company for Authorization to Transact Business in mitted to register the above referenced foreign limited	
Please return all correspondence concerning this ma	tter to the following:	
Aldo Beltrano, Esquire	ne of Person)  Representation of Person  Rep	
(Nam	e of Person)	
	The second secon	
Law Offices of Aldo Beltrano, P.A	. ~ ~ ~	
(Firm/Company)		
<b>\</b>	F PO	
11911 US Highway 1, Suite 2	201 🧐 🙎	
(4	Address)	
North Palm Beach, Fiorida 3		
(City/State and Zip Code)		
(Only toute and Esp Code)		
For further information concerning this matter, pleas	se call:	
Aldo Beltrano, Esquire	at ( 561 ) 799-6577	
(Name of Person)	(Area Code & Daytime Telephone Number)	
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations Division of Corporations		
	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
•	Taliahassee, FL 32301	
Enclosed is a check for the following amount:		
□\$125.00 Filing Fee □S130.00 Filing Fee & Certificate of St	☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certificate tatus Certified Copy of Status & Certified Copy	

561-799-6241

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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: 1. INK RE-PHILL, L.L.C. (Name of Foreign Limited Liability Company) 2. Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 4. April 4, 2006 Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) 6. n/a

(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 2919 North Military Trail, West Palm Beach, FL 33409 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows: Phillip Seris, 2919 North Military Trial, West Palm Beach, FL 33409

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: To engage in any lawful act

or activity for which Limited Liability Company's may be organized in the State of Florida

Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Phillip Serls, Manager

Typed or printed name of signee

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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.

1. The name of the Limited Liability Company is:	
INK RE-PHILL, L.L.C.	_
2. The name and the Florida street address of the registered agent and office are:	OS AP
Phillip Serls	APR 24
(Name)	ROPE
2919 North Military Trail	7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
Florida Street Address (P.O. Box NOT ACCEPTABLE)	33
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 THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF CERTIFICATE OF FORMATION OF "INK RE-PHILL, L.L.C." FILED IN THIS OFFICE ON THE FOURTH DAY OF APRIL, A.D. 2006, AT 3:43 O'CLOCK P.M.

DIVISION OF CORPORATIONS
OF APR 24 AM 9: 38

3971303 8100V 060317129



Variet Smith Windsor, Secretary of State

AUTHENTICATION: 4647110

જનાનુકે સ્ત્રોપુર કુપકું કરે જાઈ છે. પ્લેક્સમાં આવેલા અંગે છે છે છે છે. તેને જોઈ છે

DATE: 04-05-06 .

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