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| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| (Address) | | | | |
| | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| (Danish Nove Local) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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| L. SELLERS | | | | |
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COVER LETTER

| TO: | Registration Section |
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| | Division of Cornoration |

inK Enterprises, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all

| tter to the following: | | | | |
|---|--|--|--|--|
| | | | | |
| Name of Person | | | | |
| LLC | | | | |
| Firm/Company | | | | |
| 4350 Fairfax Dr Ste 230 | | | | |
| Address | | | | |
| Arlington, VA 22203 | | | | |
| City/State and Zip Code | | | | |
| dk@inkllc.com | | | | |
| to be used for future annual report notification) | | | | |
| se call: | | | | |
| 703 <u>395-1597</u> | | | | |
| Area Code & Daytime Telephone Number | | | | |
| STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle | | | | |
| | | | | |

Enclosed is a check for the following amount:

■ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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 RUSINESS IN THE STATE OF FLORIDA:

| <i>LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN TH</i> _{L_} inK Enterprises, LLC | HE STATE OF FLORIDA: |
|---|--|
| (Name of Foreign Limited Liability Company; must include | lude "Limited Liability Company," "L.L.C.," or "LLC.") |
| | ose of transacting business in Florida and attach a copy of the written ternate name. The alternate name must include "Limited Liability |
| | 3. 52-2081306 |
| (Jurisdiction under the law of which foreign limited liability company is organized) | (FEI number, if applicable) |
| _{4.} 02/09/1998 | 5. Perpetual |
| (Date of Organization) | (Duration: Year limited liability company will cease to exist or "perpetual") |
| _{6.} 1/21/2013 | |
| (Date first transacted business in FI (See sections 608.501 & 608.502 F.S | Florida, if prior to registration.) S. to determine penalty liability) |
| 7. 1629 K St NW Ste 500 | |
| Washington, DC 20006 | |
| (Street Address | ss of Principal Office) |
| 8. If limited liability company is a manager-managed | d company, check here 🔳 |
| 9. The name and usual business addresses of the mar | maging members or managers are as follows: |
| Daphne Kinkel | unuging members of managers are as follows. |
| | |
| 4350 Fairfax Drive Ste 230 | |
| Arlington, VA 22203 | |
| the jurisdiction under the law of which it is organized. (A photoco | |
| translation of the certificate under oath of the translator must be su | ubmitted.) 구설 교 |
| 11. Nature of business or purposes to be conducted of | or promoted in Florida: |
| New employee lives and works in F | Florida A A A A A A A A A A A A A A A A A A A |
| \mathcal{O} 13. | a contract the second s |
| Signature of a member or an a | authorized representative of a member. |
| · | true. I am aware that any false information submitted in a |
| document to the Department of State constitute | tes a third degree felony as provided for in s.817.155, F.S.) |
| Daphne Kinkel | |

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 CompinK Enterprises, LLC | pany is: | | | |
|---|-----------------------|----------------------|---|--|
| If unavailable, the alternate to be used in th | ne state of Florida i | s: | | |
| 2. The name and the Florida street address | of the registered a | gent and office are: | | |
| Janet Robertso | n | | | |
| | (Name) | | _ | |
| 1726 Elsa Stree | et | | _ | |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | | | | |
| Orlando | FL | 32806 | | |
| | 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.

Harry Robertson (Signature)

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

Commonwalth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That INK ENTERPRISES LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is February 09, 1998; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: February 27, 2013

Joel H. Peck, Clerk of the Commission