M16000003027

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W16-15105

COVER LETTER

TO:

Registration Section

Divis	sion of Corporation	ns				
SURIFCT:	Do Inkling, LLC					
SOBJECT.		Name of I	Limited Liability Com	pany		
The enclosed Existence, and	"Application by Ford check are submitted	reign Limited Liability Comp ed to register the above refere	pany for Authorization enced foreign limited l	to Trai iability	nsact Business in Florida," Certif company to transact business in	icate of Florida
Please return	all correspondence	concerning this matter to the	following:			
	K. Tim Larsen.	, CPA				
		N	ame of Person			
	Squire & Com	pany, PC				
	Firm/Company					
	1329 South 80	0 East				
			Address			
	Orem, Utah 84	097				
	· · · · ·	City/S	tate and Zip Code			
	timl@squire.com	n				
		E-mail address: (to be use	d for future annual rep	ort noti	fication)	
For further in	formation concernit	ng this matter, please call:				
K. Tim Larsen			801 2 at ()	225-690	00	
	Name	of Contact Person	Area Code	Day	time Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the follow ☐ \$125.00 Filing Fee		wing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155,00 Filing F Certified Copy	Fee &	☐ \$160,00 Filing Fee, Certification of Status & Certified Copy	ate



April 2, 2016

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Letter Number 616A00004253

Please find attached a duly signed form for authorization to transact business in Florida.

If there are other issues, please contact me.

K. Imi Farsen, CA

Respectfully,

K. Tim Larsen, CPA





March 1, 2016

K TIM LARSEN, CPA 1329 SOUTH 800 EAST OREM, UT 84097

SUBJECT: DO INKLING, LLC Ref. Number: W16000015105

We have received your document for DO INKLING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 616A00004253

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

7725634706

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

IN COMPLIANCE WITH SECTION 605.0902. I LORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED MABILITY COMPANY TO TRANSACT BUSINESS IN THE: STATE OF FLORIDA: 1. Do Inkling, LLC (Name of Foreign Limited Lia fility Company; must include "Limited Liability Company," "L.L.C.," or "LL.C.") Do Inkling, L.L.C. (If name unavailable, enter alternate name accepted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 2. Utah 3. 32-0253356 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date f ist transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 30607 Singletary Rd., Myakka, FL 34251 Street Address of Principal Office) 6. 30607 Singletary Rd., Myakka, FL 34251 (Mailing Address) 7. Name and street address of Florida reg stered agent: (P.O. Box NOT acceptable) Nicholas Branscomb Name: 30607 Singletery Rd. Office Address: , Florida 34251 Myakka Registered agent's acceptance: 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 application, I hereby at cept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as 11 gistered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Nicholas Branscomb, Managing Member, 30607 Singletary Rd., Myakka, FL, 34251 9. Attached is a 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 organize icate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Nicholas Branscomb

Signature of an authorized person



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

01/25/2016 6959731-016001252016-527357

CERTIFICATE OF EXISTENCE

Registration Number:

Business Name: Registered Date:

Entity Type: Current Status: 6959731-0160

DO INKLING LLC

March 27, 2008

LLC - Domestic

Good Standing

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Kathy Berg

Director Division of Corporations and Commercial Code

Hathy Berg