M20009584

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

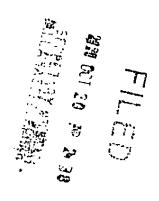
Office Use Only





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10/01/20--01016--036 **125.00



OCT 26 222 T. LEWEUX

COVER LETTER

TO: Registration Section Division of Corporations :				
SUBJECT: PINK MONKEY MANAGEMENT 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 correspondence concerning this matter to the following:				
Melissa Heatrick / Michael Patterson				
Pink Monkey Monagement UC Firm/Company				
20321 TAPPAN Zee Dr				
Address				
Port Chorlotte FL 33952				
City/State and Zip Code				
Melissa@gettingxoumoving. wet				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Melyssa Heachick at 586, 354-7454 Name of Contact Person Area Code Daytime Telephone Number				
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303				
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$125.00 Filing Fee \$\Bigcup \$130.00 Filing Fee & \Bigcup \$155.00 Filing Fee & \Bigcup \$160.00 Filing Fee, Certificate of Status \$\Bigcup \$\B				



October 8, 2020

MELISSA HEADRICK 20321 TAPPAN ZEE DR PT CHARLOTTE, FL 33952

SUBJECT: PINK MONKEY MANAGEMENT LLC

Ref. Number: W20000115619

We have received your document for PINK MONKEY MANAGEMENT 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Tracy L Lemieux Regulatory Specialist II

RECEIVED

RECEIVED

Letter Number: 020A00019709

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

	TION 605.0902, FLORIDA STATUTES, THI SINESS INTHE STATE OF FLORIDA:	E FOLLOWING IS SUBMITTED TO REGISTE	R A FOREIGN LIMITED LIABILITY
1. Pink Monk	cey Managemen	mited Liability Company, ""L.L.C.," or "LLC.")	
	Limited Liability Company; must include "Lii	mited Liability Company," "L.L.C.," or "LLC.")	
(If name up yould blo outer all name to	arm adopted for the purpose of transaction by income	in Florida. The alternate name must include "Limited Lia	1.25m. 22m
A A	and adopted for the purpose of transacting outliness		
2. Jurisdiction under the law of w) nich foreign limited liability company is organized)	3. 45-/99 88.5	r. if applicable)
4 Not until	(Date first transacted business in Ffortia, if pric (See sections 605,0904 & 605,0905, F.S. to de	or to registration.) termine penalty liability)	
5. 14505 Coll (Street Address of Principal Office)	11150	6. ASSITOP	on Zee Dr
Eastpointe	M1-48021	Port-Charlot	to FL33952
7. Name and street address	s of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)	
Name:	Michael Patte	rson_	
Office Address:	20321 TAPPAN	Zee Dr	
	Port-Charlotte	, Florida(Zip code)	
designated in this applicat to comply with the provision	gistered agent and to accept service to ion, I hereby accept the appointment ons of all statutes/relative to the pro	of process for the above stated limited li to as registered agent and agree to act in per and complete performance of my du	this capacity. I further agree
ana accept the obligations	of my position as registered agent. (Registered age	2 mt's signature)	~ 0
	/		

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name Michael Potterson	□Manager	Name: Melis& Headrick
Member		~	
Authorized	Part Chorlotto PL33952	Authorized	Port-Choratte FL339S
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

Signature of an authorized person-

Typed or printed name of viscos

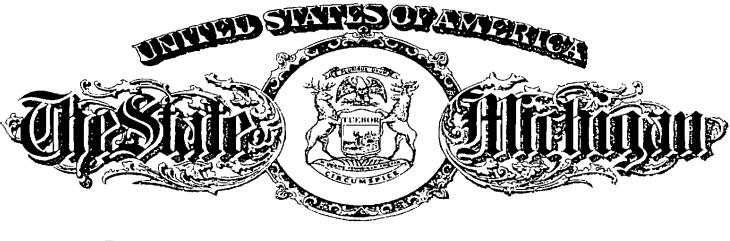
Filed by Corporations Division Administrator Filing Number: 220301117030 Date: 09/18/2020

Corporations Online Filing System Department of Licensing and Regulatory Affairs

		Form Revision Date 07/2016 ES OF ORGANIZATION	
Pursuant to		MITED LIABILITY COMPANY 93, the undersigned executes the following Restated articles	
The identification number	r assigned by the Bureau is:	801605407	
The name of the limited liability company is:		PINK MONKEY MANAGEMENT LLC	
All former names of the li	imited liability company are:		
The date of filing the original Articles of Organization was:		4/25/2011	
	Art	ticle I	
The name of the limited PINK MONKEY MAN			
The purpose or purposes	for which the limited liability company is for	ticle II rmed for: ns and Transport/Hauling	
	Art	ticle III	
The duration of the limite PERPETUAL	ed liability company if other than perpetual i	is:	
The street address of the (P.O. Boxes are not acce	e registered office of the limited liability cor	ticle IV mpany and the name of the resident agent at the registered office	
1. Agent Name:	MELISSA HEADRICK		
2. Street Address:	16505 COLLINSON		
Apt/Suite/Other:			
City:	EASTPOINTE		
State:	MI	Zip Code: 48021	
3. Registered Office Maili	ng Address:		
P.O. Box or Street Address: Apt/Suite/Other:	16505 COLLINSON		
City:	EASTPOINTE		
State:	MI	Zip Code: 48021	
	Article V	,	
		provision authorized by the Act.)	
AS OF 09/11/2020 THIS LIC IS ADDING MICHAEL EDWARD DATTERSON AS A MEMBER			

AS OF 09/11/2020 THIS LLC IS ADDING MICHAEL EDWARD PATTERSON AS A MEMBER

*Complete section (a) if the Restated Articles only restate and integrate the Articles of Organization, otherwise, complete section (b). Do not complete both, (Select One)



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

PINK MONKEY MANAGEMENT LLC

was validly authorized on April 25, 2011, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY, and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

COTTON OF COMMERCIAL PROPERTY OF THE PARTY O

Sent by electronic transmission

Certificate Number: 20104167720

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 15th day of October, 2020.

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau