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(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:]				

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DIVISION OF CORPORATIONS

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TRANSMITTAL LETTER

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

SUBJECT:	Pink Flamingo Inves (PROPOSED N					
Enclosed is an orig	ginal and one (1) copy of	the articles of incorp	poration and a check for:	02 14		
™ \$100.00 Filing Fee	\$25.00 Designation of Registered Agent	□ \$30.00 Certified Copy (Optional)	☐ \$5.00 Certificate of Status (Optional)	02 NOV -6 PH 12: 23		
		ADDITIONAL	COPY REQUIRED	20		
FROM:	Karen P. Ro Name (Pi	gers inted or typed)				
6439 Central Avenue Address						
	St. Petersbu City, S	· ·				
	727-341-027 Daytime Tel	r <u>2</u> ephone number				

Note: Please provide the original and one copy of the articles.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

Pink Flamingo Investments, LLC

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

6439 Central Avenue St. Petersburg, FL 33710-8411

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

Stephen Simone, CPA	0 5	₹
Name	2 NOV	SEC SEC
6439 Central Avenue	==	957
Florida street address (P.O. Box NOT acceptable)	9	SAL
St. Petersburg, FL 33710-8411	至	90
City, State, and Zip	<u>``</u>	, RE
	5	3 2

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, F.S.

Registered Agent's Signature

Article IV - Management (Check box if applicable)

X

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Karen P. Rogers

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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