

L090000 48552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

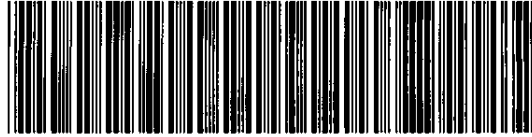
Special Instructions to Filing Officer:

**A. LUNT**

MAY 19 2009

**EXAMINER**

Office Use Only



500156068465

05/18/09--01014--013 \*\*155.00

**FILED**  
2009 MAY 18 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

✓ Please find enclosed the registration for the company: Pink Chopsticks, LLC. Any questions please address to the information below. Thank you.

Jonathan Phillips  
235 Wimbledon Lake Dr.  
Plantation, FL 33324

(954) 205-5171

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pink Chopsticks Productions, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan Phillips

Name of Person

Pink Chopsticks Productions, LLC

Firm/Company

235 Wimbledon Lake Dr.

Address

Plantation, FL 33324

City/State and Zip Code

info@pinkchopsticks.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Phillips

Name of Person

at ( 954 ) 205-5171  
Area Code & Daytime Telephone Number

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 (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 MAY 18 PM 3:12

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Pink Chopsticks Productions, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

235 Wimbledon Lake Dr.  
Plantation, FL 33324

#### Mailing Address:

PO BOX 44  
Courtland, IL 60112-0044

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature**  
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Chad R. Laing

Name

6111 Broken Sound Parkway NW - Suite 330

Florida street address (P.O. Box **NOT** acceptable)

Boca Raton, FL 33487

City, State, and 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, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2009 MAY 18 PM 3:12  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Jonathan Phillips  
235 Wimbledon Lake Dr.  
Plantation, FL 33324

MGRM

I Michele Costa  
PO Box 44  
Courtland, IL 60112-0044

2009 MAY 18 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

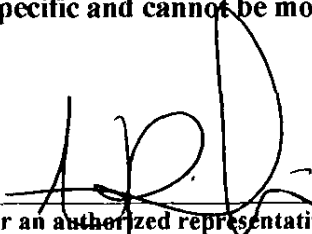
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing:

(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



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.)

Jonathan Phillips

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)