# 09000063269

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL .
(Bu	siness Entity Nan	ne) :
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		



200157862032

Effective Date 06 25 09

06/29/09--01024--016 \*\*125.00<sub>0.00.00.00.00.00</sub>

O9 JUN 29 PM 3: 43
SECRETARY OF STATE

Office Use Only

AUTHORIZATION BY PHONE TO

DATE 06/30/09 @ 2149 pm Egt dute to 6/25/09

J. BRYAN

JUN 3 0 2009

**EXAMINER** 

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Prity Ink. Entertainment, 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:	
Annanétha Rickia Mitchell  Name of Person  Firm/Company	门
Name of Person	1
Firm/Company	
17455 SW 33rd Court	>
Miramar, Fl. 33029 City/State and Zip Code	
into @ Ourityinc-ent. com E-mall address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Mailing Address Registration Section Division of Corporations Clifton Building Tallahassee, FL 32314  Z661 Executive Center Circle Tallahassee, FL 32301	

# ARTICLE II - Name: The name of the Limited Liability Company is: | Must end with the words "Limited Liability Company," "L.C.," or "L.C.," or

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)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Annanétha Rickia Mitchell 17955 Sw 33 Court Miromar, Fl. 33029
	F.S. 8
· · · · · · · · · · · · · · · · · · ·	AFET 229 M
· · · · · · · · · · · · · · · · · · ·	PH 3: 13
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: <u>06/25/2009</u>. (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 arg true.)

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)