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OCT 20 2011

EXAMINER

COVER LETTER

'TO: Registration S Division of Co	Section orporations				
SUBJECT: Pre	PHY In Pin Name of Limited L		tainers), LL	C
The enclosed Articles o	f Organization and fee(s) are subn	nitted for filing.			
Please return all corresp	oondence concerning this matter to	the following:			
al	icia Kimbr	ell			
Prett	y In Pink	Entertai m/Company	ners		
11446	o Bright Sta	ar Circle			
Talla	J	32305 tte and Zip Code	L AHAS	1 061 20	CACAM
alicia		ail. Com	<u></u>	: !	Ţ
For further information	concerning this matter, please cal		L SAIDA	<u>.</u> _	
Name	of Person at	Area Code & Daytime To	lephone Number	_	
Enclosed is a check for	or 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 Certificate of S Certified Copy (additional copy i	Status &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Preffyln Pink En. (Must end with the words "Limited Liability	tertainers L.L. C.
ARTICLE II - Address: The mailing address and street address of the prince	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11446 Bright Star Circle	11446 Bright Star Circle
Tuliurase, P. C. Swes	Taum Muse Fr. C.S.2505
Tallal-acce	istered agent are: Ar Circle ss (P.O. Box NOT acceptable) FL 32306
Having been named as registered agent and to acceptability company at the place designated in this	cept service of process for the above stated limited sertificate. I hereby accept the appointment as

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)

Page 1 of 2

EFFECTIVE DATE 10 20 11

•	,
<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGRM"	alicia Kimbrell 11446 Bright Star Circle Tallahasse, F. L. 32305
	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: <u>Oct 20, 2011</u> . (OPTIONAL) e specific and cannot be more than five business days price
REQUIRED SIGNATURE:	
Signature of a membe	The state of a member.
constitutes an affirmation under I am aware that any false inforn	1.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated hereinter true. In a document to the Department of State of as provided for in s.817.155, F.S.)
Alicia	Kimbre 11

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

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

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

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee