

# L 12000050542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

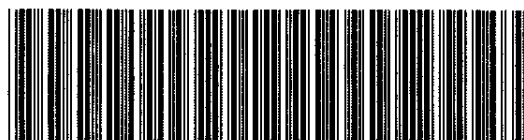
(Document Number)

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

Special Instructions to Filing Officer:

CORRECTION PER CONVERSATION  
WITH DENISE BROWN 4-13-2012  
KS

Office Use Only



000227841510

EFFECTIVE DATE  
4-6-2012

04/12/12--01007--005 \*\*130.00

FILED  
12 APR 12 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
APR 13 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pink Ice Ave 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:

Denise Brown-Isaac

Name of Person

Pink Ice Ave LLC,

Firm/Company

P.O. Box 4592

Address

Hollywood FL. 33083

City/State and Zip Code

pinkiceave954@gmail.com

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

For further information concerning this matter, please call:

Denise Brown

Name of Person

at ( 786 )

200-1195

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Pink Ice Ave LLC.

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

EFFECTIVE DATE  
4-6-2012

### ARTICLE II - Address:

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

#### Principal Office Address:

7175 NOVA DRIVE, SUITE 405

DAVIE, FL 33317

#### Mailing Address:

P.O. Box 4592  
Hollywood FL. 33083

### 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:

Denise Brown-Isaac

Name

7175 Nova Drive Suite 405

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

Davie

FL

33317

City, State, and Zip

FILED  
12 APR 12 AM 11:21  
STATE ARCHIVE OF FLORIDA  
TALLAHASSEE, FLORIDA

*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..*

Denise Brown-Isaac

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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Denise Brown-Isaac

7175 Nova Drive # 405

Davie FL 33317

MGRM

Shuakaria Brown

7175 Nova Drive # 405

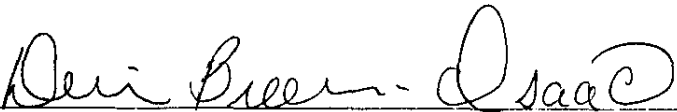
Davie FL 33317

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 4/6/2012. (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. 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.)

Denise Brown-Isaac

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)