## L12000153738

| (Requestor's Name)                      |
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|   |
| (Address)                               |
| •                                       |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRUTARY OF STATE

C. LEWIS

DEC 102012

EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 4, 2012

PAMELA DINKINS 5509 WATER OAK PLACE TAMARAC, FL 33319

SUBJECT: TWO THIRTHEEN PDFK LIMITED LIABILITY COMPANY

Ref. Number: W12000060259

We have received your document for TWO THIRTHEEN PDFK LIMITED LIABILITY COMPANY and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 612A00028729

(850) 245-6051.

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT

Two Thirtheen PDFK, 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:

| Pamela Dinkins   |  |
|--|--|
| Name of Person   |  |
|  |  |
| Firm/Company   |  |
| 5509 Water Oak Place   |  |
| Address  |  |
| Tamarac, FL 33319  |  |
| City/State and Zip Code  |  |
| dinkinspd@gmail.com  |  |
| E-mail address: (to be used for future annual report notification) |  |

For further information concerning this matter, please eall:

| Pamel | a Din | kins |
|-------|-------|------|
|-------|-------|------|

, 954

439-8242

Name of Person

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 i   | s:             |                          |                  |                |            |
| Two Thirtheen PDFK Limited Liability Company  | LT. C          |                          |                  |                |            |
| (Must end with the words "Limited Lia   | ibility Compan | y, "L.L.C.," of "LLC.    | )                |                |            |
| ARTICLE II - Address:   |                |                          |                  |                |            |
| The mailing address and street address of the   | principal o    | ffice of the Limit       | ed Liability Com | pany i         | is:        |
| Principal Office Address:   | <u>Mailir</u>  | ıg Address:              |                  |                |            |
| 213 NW 12th Court   | 5509 W         | ater Oak Place           |                  |                |            |
| Pompano Beach, Florida 33060  | Tamara         | c, Florida 33319         |                  |                |            |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registerions entity with an active Florida registration.) | istered Agent  | You must designate an    |                  |                | N/IQ       |
| The name and the Florida street address of the  | e registered   | agent are:               |                  |                | S 20       |
| Sheer Pressure Motors   | ic.            |                          |                  | 원              | 유모         |
| Nam   | ne             |                          |                  | $\dot{\omega}$ |            |
| 2373 NW 19th Street   |                |                          |                  | 70             | - 경우<br>영어 |
| Florida street a  | iddress (P.O.  | Box <b>NOT</b> acceptabl | le)              | য়             |            |
| Fort Lauderdale   | FL             | 33311                    |                  | 12             | 44 A       |
| City,   | State, and Zi  | )                        |                  |                |            |

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.

(CONTINUED)

Page 1 of 2

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

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

| <u>Title:</u> "MGR" = Manager              | Name and Address:            | 2012 DEC -3 PM 12: 12       |
|--|------------------------------|-----------------------------|
| "MGRM" = Managing Member                   |                              |                             |
| MGRM                                       | Frank Kudrna                 |                             |
|  | 11321 Royal Palm Blvd        |                             |
|  | Coral Springs, Florida 33065 |                             |
| MGRM                                       | Pamela Dinkins               |                             |
| ·  | 5509 Water Oak Place         |                             |
|  | Tamarac, Florida 33319       |                             |
|  |                              |                             |
|  |                              |                             |
|  |                              |                             |
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|  |                              |                             |
|  |                              |                             |
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|  |                              |                             |
| (Use attachment if necessary)              |                              |                             |
|  |                              |                             |
| TICLE V: Effective date, if other than t   |                              |                             |
| an effective date is listed, the date mu   | •                            | ore than five business days |
| r 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.)

> Pamela Dinkins 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)