L13000041798

(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:					
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N. CAUSSEAUX MAR 1 6 2018

THE LAW OFFICES OF LORENE SEELER YOUNG, P.A.

March 14, 2018

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

RE:

PINKCOW, LLC

PROPERTY: 3091 NW 7 Court, Fort Lauderdale, Florida 33311

OUR FILE:

18005-05 / 18-0039

To whom it may concern:

Enclosed please find the Statement of Authority for Pinkcow, LLC that needs to be filed with the state of Florida. Also enclosed is check number 5646 in the amount of \$55.00 for the filing fee and certified copy.

If you need anything further, please do not hesitate to contact me.

Sincerely yours,

LORENE SEELER YOUNG, P.A.

Enclosures Check #5646

9124 Griffin Road, Cooper City, Florida 33328

Email: Emily@Lsy-Law.com Phone: (954) 585-3967 Facsimile: (954) 585-3987

COVER LETTER

	rision of Corporations		
: SUBJECT:	PINKCOW, LLC		
SUBJECT:		Limited Liability Comp	pany
Dear Sir or I	Madam:		
The enclosed	d Statement of Authority and fee(s) ar	e submitted for filing.	
Please return	all correspondence concerning this r	natter to the following:	
LORENE	SEELER YOUNG, ESQ.		
	Name of Person		
LORENE	SEELER YOUNG, P.A.		
	Firm/Company		
9124 GR	IFFIN ROAD		
	Address		
COOPER	R CITY, FL 33328		
	City/State and Zip Code		
piaoffers	@piagroupusa.com		
E-r	mail address: (to be used for future am	nual report notification)
For further in	nformation concerning this matter, plo	ase call:	
Lorene S	eeler Young, Esquire	954	585-3967
	Name of Person	Area Code	Daytime Telephone Number
	REET/COURIER ADDRESS:		G ADDRESS:
	gistration Section issue of Corporations		on Section of Corporations
Clif	ton Building	P.O. Box	6327
	1 Executive Center Circle lahassee, Florida 32301	Tallahasse	ee, Florida 32314

CR2E138 (2/14)

STATEMENT OF AUTHORITY

authority: FIRST: T	he name of the limited liabilit	y company is: PIN	KCOW, LLC			
	A CONTRACTOR OF A CONTRACTOR O					
SECOND:	The Florida Document Num	ber of the limited li	ability company is: L13000041798	3		
THIRD: 1	The street address of the limite 0815 NE 16 AVENUE	ed liability company		MIS MAR 15		
S	UITE B15			THE STATE OF THE S		
<u></u>	IIAMI, FLORIDA 3317			5		
	The mailing address of the lin	•	any's principal office is:	-		
S	UITE B15					
N	MIAMI, FLORIDA 33179					
1.	•	MY LEVY, Mana	operty held in the name of the company			
	b. No authority grant	ted to:				
2.		actions on behalf of, IMY LEVY, Mar	or otherwise act for or bind, the companies	nny.		
PINKCOW	, —}	ted to:		*		
Signature o	f authorized representative	Filing Fee: Certified Copy	JIMMY LEVY, Mana Typed or printed name of \$25.00 \$30.00 (optional)			