

L13000171102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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EFFECTIVE DATE
11/14

FILED
2013 DEC -9 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cullen DEC 11 2013

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE PINK SWAN MOVEMENT, 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:

NICOLE CUTHBERTSON

Name of Person

THE PINK SWAN MOVEMENT, LLC

Firm/Company

10528 POINTE MTN TOP CIR UNIT #7

Address

SPRING VALLEY, CA 91978

City/State and Zip Code

PINK.SWAN.MOVEMENT@gmail.com

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

For further information concerning this matter, please call:

NICOLE CUTHBERTSON

Name of Person

at (305) 509-9324

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:

THE PINK SWAN MOVEMENT, LLC.

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

ARTICLE II - Address:

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

Principal Office Address:

2901 FORREST DR S
ORANGE PARK, FL 32065

Mailing Address:

10528 POINTE MTN TOP CIR
UNIT 7
SPRING VALLEY, CA 91978

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:

JOHNNIE E. WILLIAMS

Name

2901 FORREST DRIVE S

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

ORANGE PARK FL 32065

City, State, and Zip

FILED
2018 DEC -9 AM 11:00
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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..

Johnnie E. Williams
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

NICOLE CUTHBERTSON
10528 POINTE MOUNTAIN TOP CIR WMT
SPRING VALLEY, CA 91978

MGM

KIMBERLY MAYES
3309 HAMPTON POINT DR APT E
SILVER SPRING, MD 20904

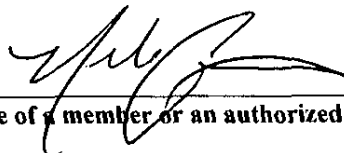
MGM

ROBIN CUTHBERTSON
10000 SHERIDAN ST #103
PAMBRIDGE PINES, FL 33024

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01 JAN 2014. (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.)

NICOLE CUTHBERTSON

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA