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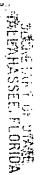
(Re	questor's Name)	.
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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15 APR 21 PH 9: 88

COVER LETTER

	Registration Section Division of Corporations		
SUBJEC		imited Liability Company	
The enclo	osed Articles of Organization and fee(s) a	are submitted for filing.	
Please ret	urn all correspondence concerning this n	natter to the following:	
	LAUREN Nicho	Name of Person	
		Firm/Company	
	16234 DEER CHASE	Address	
	ORIANDO, FL 32828	City/State and Zip Code . Lem ed for future annual report notification)	
For furthe	Puren. Spendin @ Lmai E-mail address: (to be use er information concerning this matter, ple		
	Name of Person		
Enclosed	is a check for the following amount:		
♥ \$ 125.00 I	Filing Fee \$\frac{130.00}{\text{Filing Fee & Certificate of Status}}	S155.00 Filing Fee & S160.00 Fil Certified Copy Certificate (additional copy is enclosed) Certified Co (additional copy)	of Status &
	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	5 APR 21 PH 9: 8

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Studio PINK LLC (Must end with the words "Limited L	iability Company,	"L.L.C.," or "LL(Z.")	
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited	Liability Company	'is:	
Principal Office Address:	Mailing Addres	<u>s:</u>		
1/234 DEER CHASE LOUP ORIANDO, FL 32828	16236 DE	EER CHASE L	<u>507</u>	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. Y		an individu	al or
The name and the Florida street address of the registered a	=			
LAUREN NICHOLAS Name 10236 DEER Chase Lo				
Name				
10236 DEER Chase La	10P			
Florida street address (P.O. Box N		• •		
OPHNO City	FL 328	<u> </u>		
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapter Registered Agent's Signature.	he appointment as all statutes relating the attentions of my positions, F.S	registered agent at g to the proper and	nd agree to a l complete pe	act in this erformance
(CONTINUE)	D)	•		
Page 1 of 2			EPAHASSEE, FLORI	SPR 2 PH CO. PH

<u> Title;</u>	Name and Address:
"AMBR" = Authorized Member	
MGR" = Manager	
AMBR	Authory Nicholas
	Authory Nicholas
	ORIFINO, FL 32828
AMBR	LAUREN NICHOLAS
	16236 DEFR CHAIF LOW
	Orthando, FL 32828
······	
V: Effective date, if other than the tive date is listed, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the tive date is listed, the date must be filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 9
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V: Effective date, if other than the tive date is listed, the date must be filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation to	member or an authorized representative of a member. 1 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true
V: Effective date, if other than the tive date is listed, the date must be filing.) VI: Other provisions, if any. Signature of a (In accordance with section constitutes an affirmation of a may aware that any false in constitutes a third degree for the section constitutes at third degree for the section constitutes as the section co	member or an authorized representative of a member. a 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)
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Signature of a (In accordance with section constitutes an affirmation of a may are that any false in constitutes a third degree for Signature of a 30.00 Certified Copy (Optiona	member or an authorized representative of a member. a 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. aformation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent