

L 200000097935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

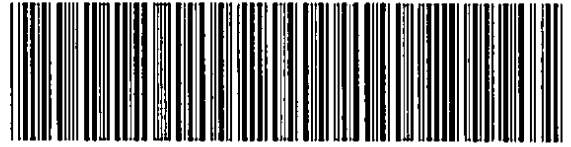
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*[Handwritten signature]*

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: PINK HEART QUILTING & EMBROIDERY, 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:

Haynes E. Brinson  
Name of Person

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Brinson and Brinson, Attorneys at Law, P.A.  
Firm/Company

---

28 North John Young Parkway  
Address

---

Kissimmee, Florida 34744  
City/State and Zip Code

---

haynesbrinson@gmail.com  
E-mail address: (to be used for future annual report notification)

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Haynes E. Brinson                      407                      847-8674  
 Name of Person                      at (                      )                      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  
 New Filing Section  
 Division of Corporations  
 P.O. Box 6327  
 Tallahassee, FL 32314

Street Address  
 New Filing Section  
 Division of Corporations  
 Clifton Building  
 2661 Executive Center Circle  
 Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION  
FOR  
PINK HEART QUILTING & EMBROIDERY, LLC**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

PINK HEART QUILTING & EMBROIDERY, LLC

**ARTICLE II – Address:**

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

**Principal Office Address:**

113 Augusta Circle  
St. Cloud, Florida 34769

**Mailing Address:**

113 Augusta Circle  
St. Cloud, Florida 34769

**ARTICLE III – Registered Agent, Registered Office & Registered Agent’s Signature:**

The name and the Florida street address of the Registered Agent is:

Name:

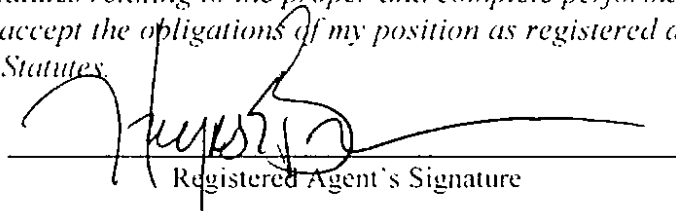
HAYNES E. BRINSON

28 North John Young Parkway  
Kissimmee, Florida 34741

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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*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, Florida Statutes.*

  
Registered Agent’s Signature

**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:**

Cynthia A. Boger MGRM

113 Augusta Circle  
St. Cloud, Florida 34769

Conrad L. Boger MGRM

113 Augusta Circle  
St. Cloud, Florida 34769

**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.)

Haynes E Brinson, Esquire, Authorized Agent  
Typed or Printed Name of Signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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