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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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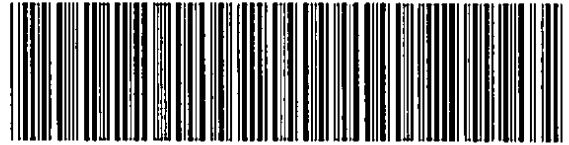
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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
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 () 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

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:

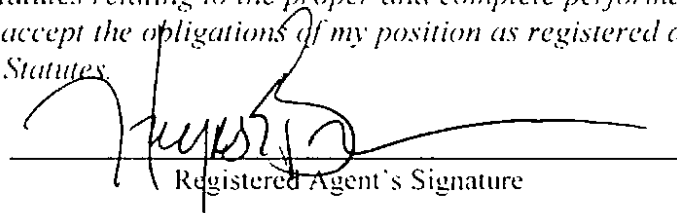
HAYNES E. BRINSON

28 North John Young Parkway
Kissimmee, Florida 34741

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CLERK OF STATE
ALLAHASSET, 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:

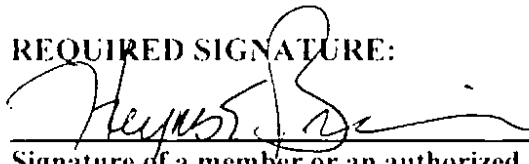
Cynthia A. Boger MGRM

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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TALLAHASSEE, FLORIDA

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