

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# L22000188288

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To: Division of Corporations  
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Fax Number : (516)935-3088

**\*\*\* RESUBMIT \*\*\***

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: PINKYSUPBAR@GMAIL.COM

**FLORIDA LIMITED LIABILITY CO.**

**~~PINKY'S UP LLC~~**

**PINKY'S UP  
MOBILE BAR  
LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

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April 25, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HUBCO

SUBJECT: PINKY'S UP LLC  
REF: W22000054203

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

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Dil Sultana  
Regulatory Specialist II

FAX Aud. #: H22000146495  
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11:50

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**PINKY'S UP MOBILE BAR 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:Mailing Address:9431 TAWNYBERRY STREET  
ORLANDO, FL 328329431 TAWNYBERRY STREET  
ORLANDO, FL 32832

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

NICOL ALGHANNAM

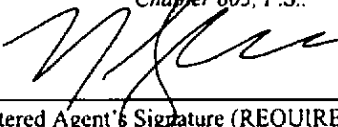
Name

9431 TAWNYBERRY STREETFlorida street address (P.O. Box **NOT** acceptable)ORLANDO FL 32832

City

Zip

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 605, F.S.

  
 Registered Agent's Signature (REQUIRED)

NICOL ALGHANNAM

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

NICOL ALGHANNAM

9431 TAWNYBERRY STREET

ORLANDO, FL 32832

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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(Use attachment if necessary)

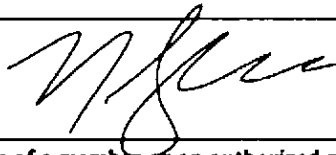
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



**Signature of a member of an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), 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.)

NICOL ALGHANNAM

Typed or printed name of signer

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