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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC
Account Number : I20170000097
Phone : (727)279-5037
Fax Number : (727)888-1294

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

Email Address: Support@flpatellaw.com

FLORIDA LIMITED LIABILITY CO.

The Pink Pearl Tuscan Garden LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

2024 JAN 12 PM 3:58
STATE
OF FLORIDA

FILED

ARTICLES OF ORGANIZATION
FOR
THE PINK PEARL TUSCAN GARDEN LLC
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.
Name

The name of the Limited Liability Company is: The Pink Pearl Tuscan Garden LLC (the "Company").

ARTICLE II.
Address

The principal office and mailing address of the Company is:

2850 34th St N
#1085
St. Petersburg, FL 33713

ARTICLE III.
Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

FLP RA Services LLC
360 Central Avenue
Suite 800
St. Petersburg, FL 33701

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.

Vishva S Nandu (sign)
FLP RA Services LLC

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ST. PETERSBURG, FL

ARTICLE IV.
Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	Alba Hazizaj 2850 34th St N #1085 St. Petersburg, FL 33713

ARTICLE V.

The Effective date shall be the date of filing.

Alba Hazizaj (sign)

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Alba Hazizaj
Authorized Representative/Member

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2024 JUN 12 PM 3:50
HARRIS COUNTY, TX
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