

LO6000097487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

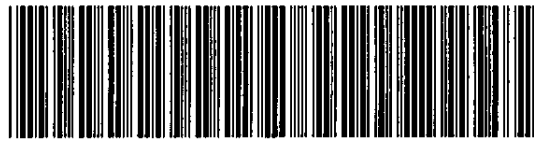
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

PAID

LO6-97487
JL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D & B PHOTO, L.L.C.

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOUIS W. HIGH, ESQUIRE
ON BEHALF OF WILLIAM B. EPPLEY, ESQUIRE
UNDERWOOD, EPPLEY & MORRIS, P.L.
129 North Main Street
Post Office Box 1478
Brooksville, Florida 34605
Area Code 352 796-7726

For further information concerning this matter, please call:

Louis W. High, Esquire, on behalf of William B. Eppley, Esquire
at (352) 796-7276.

Enclosed is a check for the following amount: \$130.00 which includes payment for the Filing Fee & Certificate of Status.

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

D & B PHOTO, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2 Shumard Court, North
Homosassa, Florida 34446


ARTICLE III - Registered Agent, Registered Office & 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:

BRIAN COSTANZO
2 Shumard Court, North
Homosassa, Florida 34446

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 property 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, F.S..


BRIAN COSTANZO, Registered Agent

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TALLAHASSEE, FLORIDA

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ARTICLE IV - Manager(s) or Managing Member(s):


The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
BRIAN COSTANZO Manager	2 Shumard Court, North Homosassa, Florida 34446

ARTICLE V: Effective date, if other than the date of filing:

(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.)

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.

BRIAN D COSTANZO

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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