

L10000127680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

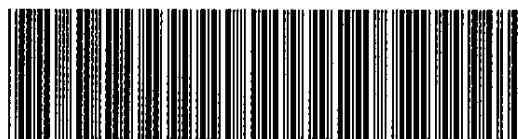
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300188542703

12/13/10--01035--006 **130.00

REC'D
TALLAHASSEE, FLORIDA

2010 DEC 13 PM 12:25

FILED

C. LEWIS
DEC 14 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kevin Stover Photography 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:

Cristina Stover
Name of Person

Kevin Stover Photography LLC
Firm/Company

CMR 415 Box 4126
Address

APO AE 09114-4126
City/State and Zip Code

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

For further information concerning this matter, please call:

Cristina Stover at (**321**) **220-8639**
Name of Person 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
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kevin Stover Photography 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:

2109 Caledonia Pl
Melbourne, FL 32940

Mailing Address:

CMR 415 Box 4126
APO AE 09114-4126

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:

Brigitte Stover

Name

2395 Honeybrook Dr

Florida street address (P.O. Box **NOT** acceptable)

Melbourne FL 32940

City, State, and Zip

FILED
2010 DEC 13 PM 12:25
FALL HASSLE, FLORIDA

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, F.S..

Brigitte Stover

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

FILED

2010 DEC 13 PM 12: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Kevin Stover
CMR 415 Box 4126
APO AE 09114-4126

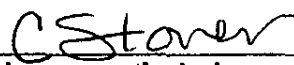
MGRM

Cristina Stover
CMR 415 Box 4126
APO AE 09114-4126

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Filing Date (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.)

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. 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.)

Cristina Stover

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

12/14/10

CORPORATE DETAIL RECORD SCREEN

11:12 AM

NUM: P08000097475 ST:FL INACTIVE/FL PROFIT FLD: 10/29/2008

LAST: ADMIN DISSOLUTION FOR ANNUAL REPORT FLD: 09/24/2010

FEI#: 26-3638777

NAME : LIMA PRODUCTIONS, INC.

PRINCIPAL: 4345 S.W. 117 AVE

ADDRESS MIAMI, FL 33175

RA NAME : LIMA, JOSE A

RA ADDR : 4345 S.W. 117 AVE

MIAMI, FL 33175

ANN REP :

(2009) W 04/24/09

1. MENU, 3. OFFICERS, 4. EVENTS, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR: