

L/3000149970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

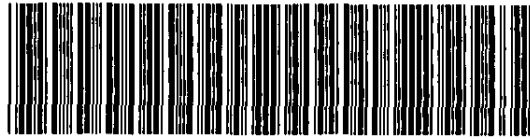
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/08/13--01013--015 **125.00

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13 OCT 23 PM 1:21
SECOND FLOOR OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
OCT 24 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2013

KRISTIN ROGALSKI
4655 SOUTH HAMPTON DR.
ORLANDO, FL 32812

SUBJECT: KLR PHOTOGRAPHY, LLC
Ref. Number: W13000056210

We have received your document for KLR PHOTOGRAPHY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 113A00023734

DATE: October 18, 2013

TO: Florida Department of State, Division of Corporations

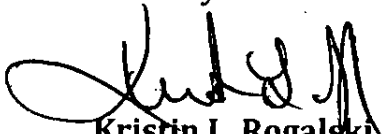
FROM: Kristin L. Rogalski

RE: Letter Number 113A00023734

Enclosed please find the signed documents for KLR Photography, LLC, of which, per your letter dated October 9, 2013, the check totaling \$125.00 was acknowledged as received by the Division.

If you have any questions, I can be reached at 321-217-9343.

Thank you.



Kristin L. Rogalski

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KLR 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:

KRISTIN ROGALSKI

Name of Person

Firm/Company

4655 SOUTH HAMPTON DRIVE

Address

ORLANDO FL 32812

City/State and Zip Code

KRISTINROGALSKI@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN ROGALSKI

Name of Person

at (**732**) **286-4567**

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:

KLR 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:

4655 SOUTH HAMPTON DRIVE
ORLANDO, FL 32812

Mailing Address:

4655 SOUTH HAMPTON DRIVE
ORLANDO, FLO 32812.

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:

KRISTIN L. ROGALSKI

Name

4655 SOUTH HAMPTON DRIVE

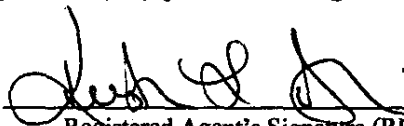
Florida street address (P.O. Box **NOT** acceptable)

ORLANDO FL 32812

City, State, and Zip

FILED
13 OCT 23 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, 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..



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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR _____

KRISTIN L. ROGALSKI _____

4655 SOUTH HAMPTON DRIVE _____

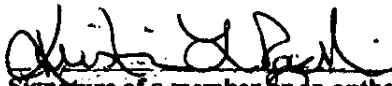
ORLANDO, FL 32812 _____

(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.)

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.)

KRISTIN L. ROGALSKI

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)