

L19000247373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

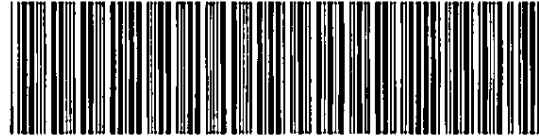
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000333641420

09/05/19--01013--002 **190.00

2618 OCT 10 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

N CULLIGAN

OCT 14 2019

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: 123D Product Photography

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:

Patricia Giraldo

Name of Person

Firm/Company

15289 SW 89 Terrace

Address

Miami, FL 33196

City/State and Zip Code

patricia.giraldo@me.com

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

For further information concerning this matter, please call:

Patricia Giraldo 305 915-5296

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2019

PATRICIA GIRALDO
15289 SW 89 TERRACE
MIAMI, FL 33196

SUBJECT: 1230 PRODUCT PHOTOGRAPHY
Ref. Number: W19000084204

We have received your document for 1230 PRODUCT PHOTOGRAPHY and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 519A00019224

2019.09.10 AM 10:57

PAID WITH CHECK # 3879
SUSAN HARTMAN MARTINEZ
DEBITED ON 9/12/2019

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

123D Product Photography LLC.

(Must contain 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:

15289 SW 89 Terrace

Miami, FL 33196

15289 SW 89 Terrace

Miami, FL 33196

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:

Susan Martinez

Name

12032 SW 123 Ct.

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

Miami

FL

33186

City

State

Zip

SECRETARY OF STATE
TALLAHASSEE, FL

2018 OCT 10 PM 1:17

FILED

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.

Susan Martinez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

Patricia Giraldo

15289 SW 89 Terrace

Miami, FL 33196

AMBR

Robert Richardson

15289 SW 89 Terrace

Miami, FL 33196

AMBR

Susan Martinez

12032 SW 123 Ct.

Miami, FL 33186

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Susan Martinez

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.

Susan Martinez

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)

2019 OCT 10 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FL

FILED