## L19000241373

	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-U	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

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SECRETARY OF STATE

N CULLIGAN OCT 1 4 2019

## COVER LETTER

	New Filing Section Division of Corporations	
CHDIEC	123D Product Photography	
SOBJEC	T:Name of	Limited Liability Company
The enclo	osed Articles of Organization and fee(s	) are submitted for filing.
Please ret	urn all correspondence concerning this	matter to the following:
	Patricia Giraldo	
		Name of Person
		Firm/Company
	15289 SW 89 Terrrace	
		Address
	Miami, FL 33196	
	patricia.giraldo@me.com	City/State and Zip Code
	E-mail address: (to be u	sed for future annual report notification)
For further	information concerning this matter, pl	ease call:
	Patricia Giraldo	305 915-5296
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a eneck for the following amount:	
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address  New Filing Section  Division of Corporations  Clifton Building

2661 Executive Center Circle Talfahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314



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

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")
FICLE II - Address:	
mailing address and street address of the principal offic	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address
15289 SW 89 Terrace	15289 SW 89 Terrace
Miami, FL 33196	Міаті, FL 33196

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..

Registered Agent's Signature TREOUREL

(CONTINUED)

## ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ument's effective date on the Department of State's records.  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Adam Marthan	"AMBR" =		Name and Address:	
AMBR    Patricia Giratob     15289 SW 89 Terrace     Mami, FL 33196     AMBR   Robert Richardson     15289 SW 89 Terrace     Mami, FL 33196     AMBR   Susan Martinez     12032 SW 123 Ct.     Mami, FL 33188     Mami, FL 331				
AMBR  Robert Richardson 15289 SW 89 Terrace Miami, FL 33196  AMBR  Robert Richardson 15289 SW 89 Terrace Miami, FL 33196  AMBR  Susan Marinez 12032 SW 123 Ct. Miami, FL 33186  (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  (OPTIONAL)  Rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after of filing.)  Retire date inserted in this block does not meet the applicable statutory tiling requirements, this date will not be listed a unrent's effective date on the Department of State's records.  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  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 of Lam aware that any false information submitted in a document to the Department of State of State and State of S		anager	Description Office Land	
AMBR  Robert Richardson 15289 SW 89 Terrace Mami, FL 33196  AMBR  Susan Martinez 12032 SW 123 Ct. Miami, FL 33186  (Use attachment if necessary)  LE V: Effective date, if other than the date of filling:  (Use attachment if necessary)  LE V: Effective date, if other than the date of filling:  (OPTIONAL)  Iffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after of filing.)  If the date inserted in this block does not meet the applicable statutory tiling requirements, this date will not be listed a unnent's effective date on the Department of State's records.  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an author/reference entaitive of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes of Lam 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  Filling Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent	AMBK			
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