

Florida Department of State

Division of Corporations  
Electronic Filings Cover Sheet

**L 21600302424**

Note: Please print this page and attach as a cover sheet. Type the tax audit number (to be below) on the top and bottom of all pages of the document.

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SECRETARY OF STATE  
FLORIDA

21 JUN 30 PM 1:25

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

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FLORIDA LIMITED LIABILITY CO.  
Aaron Patrick Photography LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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SB  
7-1-21

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Aaron Patrick 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:

7901 4th St N STE 300

7901 4th St N STE 300

St. Petersburg, FL 33702

St. Petersburg, FL 33702

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:

Northwest Registered Agent, LLC

Name

7901 4th ST N STE 300

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

St. Petersburg, FL 33702

City

State

Zip

*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 and 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.*

Tom Glover

Registered Agent's Signature (REQUIRED)

SECRETARY OF STATE  
FALLS BOUNDARY BOULEVARD  
TALLAHASSEE, FLORIDA 32310  
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