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ACCOUNT NO. : 072100000032
REFERENCE : 715049 7214794
AUTHORIZATION : Patricia Pijoto
COST LIMIT : \$ 70.00 125.00

ORDER DATE : May 31, 2000
ORDER TIME : 9:36 AM
ORDER NO. : 715049-005
CUSTOMER NO: 7214794

000003278130-4

CUSTOMER: Mr. Brian K. Weikel
BRIAN K. WEIKEL
BRIAN K. WEIKEL
1375 Druid Road E.
Apt 5
Clearwater, FL 33756

DOMESTIC FILING

NAME: PICTURE PERFECT MEMORIES OF
TAMPA BAY, LLC

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward - EXT. 1135
EXAMINER'S INITIALS:

SECRETARY OF STATE
TALLAHASSEE FLORIDA

00 JUN -6 AM 11:59

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6/6

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

00 JUN -6 AM 11:35

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PICTURE PERFECT MEMORIES OF TAMPA BAY, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

1375 Druid Road East, #5, Clearwater, Florida 33756

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Corporation Service Company		
Name		
1201 Hays Street		
Florida street address (P.O. Box NOT acceptable)		
Tallahassee	FL	32301
City, State, and 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. 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..

Laura R. Dunlap
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Laura R. Dunlap
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.)

LAURA R. DUNLAP
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE FLORIDA
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- FILING FEES:**
- \$ 100.00 Filing Fee for Articles of Organization
 - \$ 25.00 Designation of Registered Agent
 - \$ 30.00 Certified Copy (OPTIONAL)
 - \$ 5.00 Certificate of Status (OPTIONAL)