

1-03000029102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

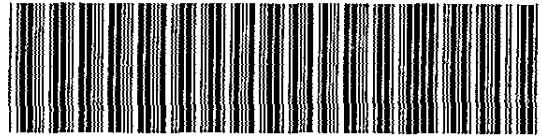
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700021828907

118/114/113--01095--012 \*\*125.00

FILED  
03 AUG -4 AM 9:42  
TALLAHASSEE, FLORIDA

**Akiko Elliott**  
919 Adams Street  
Hollywood, FL 33019  
(954) 923-1821

July \_\_, 2003

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Akiko's Photos, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to me at the above stated address.

For further information concerning this matter, please call me at the above stated telephone number.

Thank you very much.

Sincerely,



Akiko Elliott

**FILED**  
03 AUG -4 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Akiko's Photos, LLC

## ARTICLE II - Address:

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

### Principal Office Address:

919 Adams Street

Hollywood, FL 33019

### Mailing Address:

919 Adams Street

Hollywood, FL 33019

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

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

Akiko Elliott

Name

919 Adams Street

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

Hollywood

FL 33019

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.*



Registered Agent's Signature

(CONTINUED)

FILED  
03 AUG -4 AM 9:42  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

**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:**

MGRM	Akiko Elliott
	919 Adams Street
	Hollywood, FL 33019

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**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.)

AKIKO ELLIOTT  
\_\_\_\_\_  
Typed or printed name of signee

**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)

FILED  
03 AUG - 4 AM 9:42  
TALLAHASSEE, FLORIDA