

W04 0000007180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

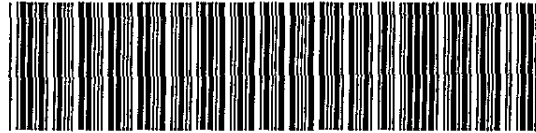
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800027296658

01/21/04--01045--006 **155.00

FILED

04 JAN 20 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W04-7180
AR

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jacque Photo, LLC
(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:

Jacque Brund

(Name of Person)

(Firm/Company)

300 N Knowles Ave, #405

(Address)

Winter Park, FL 32789

(City/State and Zip Code)

For further information concerning this matter, please call:

Jacque Brund

(Name of Person)

at (407) 925-8940

(Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JAN 20 PM 2:54

FILED

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jacque Photo, 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:

300 N. Knowles Ave

Same

#405

Winter Park, FL 32789

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

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

Jacque Brund

Name

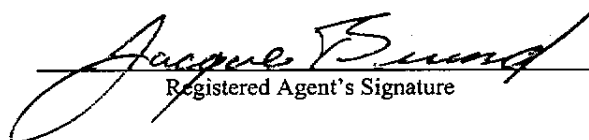
300 Knowles Ave, #405

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

Winter Park FLORIDA 32789

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, Florida Statutes..


Registered Agent's Signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JAN 00 PM 2:51

FILED

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:

MGR

Jacque Brund

300 N Knowles Ave. #405

Winter Park, FL 32789

(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.)

Jacque Brund

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JAN 20 PM 2:54

FILED