L04000062164

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone #	(†)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	



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TRANSMITTAL LETTER

(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: Amy E Turner (Name of Person) Custom Business Services (Firm/Company) P.O. Box 252 (Address) Fruitland Park, FL 34731 (City/State and Zip Code) For further information concerning this matter, please call: Amy E Turner at (352) 516-4736	
Please return all correspondence concerning this matter to the following: Amy E Turner (Name of Person) Custom Business Services (Firm/Company) P.O. Box 252 (Address) Fruitland Park, FL 34731 (City/State and Zip Code) For further information concerning this matter, please call:	
Amy E Turner (Name of Person) Custom Business Services (Firm/Company) P.O. Box 252 (Address) Fruitland Park, FL 34731 (City/State and Zip Code) For further information concerning this matter, please call:	
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P.O. Box 252 (Address) Fruitland Park, FL 34731 (City/State and Zip Code) For further information concerning this matter, please call:	
P.O. Box 252 (Address) Fruitland Park, FL 34731 (City/State and Zip Code) For further information concerning this matter, please call:	04-28580
P.O. Box 252 (Address) Fruitland Park, FL 34731 (City/State and Zip Code) For further information concerning this matter, please call:	
(Address) Fruitland Park, FL 34731 (City/State and Zip Code) For further information concerning this matter, please call:	
Fruitland Park, FL 34731 (City/State and Zip Code) For further information concerning this matter, please call:	
(City/State and Zip Code) For further information concerning this matter, please call:	
For further information concerning this matter, please call:	
Amy F Turner	
at (32 -) 310 1100	
(Name of Person) (Area Code & Daytime Telephone Number	er)
	o <u>9</u>

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

04 AUG 23 PH 3: 55



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 26, 2004

AMY E. TURNER CUSTOM BUSINESS SERVICES P.O. BOX 252 FRUITLAND PARK, FL 34731

SUBJECT: COLOUR TECH SOUTH MOTORSPORTS PHOTOGRAPHY, LLC

Ref. Number: W04000028580

We have received your document for COLOUR TECH SOUTH MOTORSPORTS PHOTOGRAPHY, LLC and check(s) totaling \$105.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return 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) 245-6958.

Lee Rivers Document Specialist

Letter Number: 204A00046967

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Colour Tech South	Motorsports Photography, L	LC	
ARTICLE II - A The mailing addre		e principal office of the Limited Liability Compar	ny is:
Principal Office	Address:	Mailing Address:	
30922 Sealine Driv	e	30922 Sealine Drive	<u> </u>
Leesburg, FL 3474	48	Leesburg, FL 34748	_
			_
			_
	Registered Agent, Regist Florida street address of	ered Office, & Registered Agent's Signature: the registered agent are:	
	Florida street address of Mariusz	the registered agent are: Kowalski ame	DIVIS
	e Florida street address of Mariusz H N 30922 Sea	the registered agent are: Kowalski ame	DIVISION
	e Florida street address of Mariusz H N 30922 Sea	H Kowalski	DIVISION OF CO
	Mariusz H 30922 Sea Florida street address Leesburg	Howalski ame Iline Drive (P.O. Box NOT acceptable) FLORIDA 34748	DIVISION OF CORPO
	Mariusz H 30922 Sea Florida street address Leesburg	Howalski ame Uline Drive (P.O. Box NOT acceptable)	UIVISION OF CORPORATION
The name and the g been named as reg any at the place desi	Mariusz H 30922 Sea Florida street address Florida street address Leesburg City, Si gistered agent and to accept grated in this certificate, I	He registered agent are: Kowalski Aline Drive (P.O. Box NOT acceptable) FLORIDA 34748 Ate, and Zip t service of process for the above stated limited liable thereby accept the appointment as registered agent at the service agent of the	and
The name and the g been named as reg my at the place desi o act in this capacity	Mariusz H 30922 Sea Florida street address Florida street address Leesburg City, Sea gistered agent and to accept gnated in this certificate, I iv. I further agree to comply	the registered agent are: Kowalski Aline Drive (P.O. Box NOT acceptable) FLORIDA 34748 ate, and Zip t service of process for the above stated limited liability.	and oper

Page 1 of 2 (CONTINUED) 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	Mariusz H Kowalski	_
	30922 Sealine Drive	<u> </u>
	Leesburg, FL 34748	
MGRM	Yvette C Kowalski	
	30922 Sealine Drive	
	Leesburg, FL 34748	
· · · · _		
(Use attachment if necessary)		
NOTE: An additional article must be	added if an effective date is requested.	
REQUIRED SIGNATURE:	4	
Signature of a member of an an	uthorized representative of a member.	2 =
(In accordance with section 608.	408(3), Florida Statutes, the execution iffirmation under the penalties of perjury	ECRETA STON OF
		~~!-
Yvette C Ko Typed or pri	and a super of a super	
,	inted name of signee မှာ	

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)