

L06000051434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

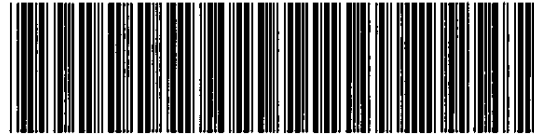
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2006 MAR -9 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

L06-51434
DL

EFFECTIVE DATE
3-9-06



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 4, 2006

BILL VODEK PHOTOGRAPHY
BILL VODEK
11 BUD HALLOW DR
PALM COAST, FL 32137

SUBJECT: BILL VODEK PHOTOGRAPHY

We have received your document for BILL VODEK PHOTOGRAPHY and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A partnership must consist of at least TWO PARTNERS and BOTH PARTNERS must sign this form. Have the other partner sign the highlighted area and return for processing.

Please return your document, along with 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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 306A00017565

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BILL VODEK PHOTOGRAPHY
(Name of Limited Liability Partnership)

PARTNERSHIP'S REGISTRATION NUMBER: _____

The enclosed Statement of Qualification and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BILL VODEK
(Name of Person)

(Firm/Company)

11 BUD HALLAW DR.
(Address)

PALM COAST, FL 32137
(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JOHN A. SCIEU at (386) 446 0317
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BILL VODEK PHOTOGRAPHY, 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:

WILLIAM F. VODEK JR.
(Name of Person)
BILL VODEK PHOTOGRAPHY, LLC.
(Firm/Company)
11 DUD HALLOW DR.
(Address)
PALM BEACH, FL 3213
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN M. SCIFU at (386) 446 031
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BILL VODIEK PHOTOGRAPHY, LLC.

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

11 BUD HALLOW DR.
PALM COAST, FL 32137

Same

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 other business entity with an active Florida registration.)

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

WILLIAM F. VODIEK JR.

Name

11 BUD HALLOW DR.

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

PALM COAST FL 32137

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..

x William F. Vodieck Jr.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE

3-9-06

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SECRETARY OF STATE

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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

MGRM

Name and Address:

WILLIAM F VODEK
16 BUD HALLAW DR.
PALM COAST, FL 32137

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3/9/06. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:

X William F. Vodek Jr.

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.)

WILLIAM F. VODEK JR.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)