

LO70000080882

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

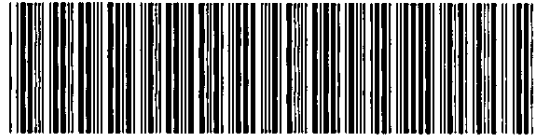
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07 AUG 22 PM 2:46
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 AUG 22 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 044150 7602332

AUTHORIZATION

COST LIMIT : \$25.00

ORDER DATE : August 7, 2007

ORDER TIME : 10:57 AM

ORDER NO. : 044150-007

CUSTOMER NO: 7602332

FILED
07 AUG 22 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF CORRECTION

NAME: ALISON LABINE PHOTOGRAPHY, LLC

XXX ARTICLES OF CORRECTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER'S INITIALS: _____

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
ALISON LABINE PHOTOGRAPHY, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
THE INCORRECT STATEMENT IS AS FOLLOWS:

ALISON LABINE PHOTOGRAPHY, LLC

THE CORRECTED STATEMENT SHALL BE AS FOLLOWS:

ALLISON LABINE PHOTOGRAPHY, LLC

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: 8/21/, 2007

Allison LaBine

Signature of a member or authorized representative of a member

Allison LaBine

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

07 AUG 22 AM 9:35
FILED
TALLAHASSEE, FLORIDA
CLERK OF STATE

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L07000080882
FILED 8:00 AM
August 07, 2007
Sec. Of State
ncausseaux

Article I

The name of the Limited Liability Company is:
ALISON LABINE PHOTOGRAPHY, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
10717 OAK GLEN CIR
ORLANDO, FL. US 32817

The mailing address of the Limited Liability Company is:
10717 OAK GLEN CIR
ORLANDO, FL. US 32817

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL. 32301

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.

Registered Agent Signature: AMANDA ROATH

Article V

The name and address of managing members/managers are:

Title: MGRM
ALISON LABINE
10717 OAK GLEN CIR
ORLANDO, FL. 32817 US

Signature of member or an authorized representative of a member

Signature: ALISON LABINE

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FILED 8:00 AM
August 07, 2007
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