1080000171413

. (F	Requestor's Name)	
. (/	Address)	
(/	Address)	
·. (C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(C	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	
L. SE	LLERS	
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EXAM	MNER	
	三维元人。	

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April Fadely

Aprylshowers Photography

850-814-4243

7303 Hwy 2311 Panama City, FL 32404

COVER LETTER

то:	Registration Section Division of Corporations		
SUBJ	ECT: Aprylshowers Photograp	hy, LLC	
	(Name of Limite		pany)
The en	nclosed Articles of Organization and fee(s) are s	ubmitted for filir	ng.
Please	e return all correspondence concerning this matte	er to the followin	g:
	April Fadely		
	(Name of Person)	
	Aprylshowers Photography,L	LC	
		(Firm/Company)	
	7303 Hwy 2311		
		(Address)	
	Panama City, FL 32404		
	(City	/State and Zip Cod	de)
For fu	arther information concerning this matter, please	call:	
Apri	il Fadely	at (850	, 814-4243
	(Name of Person)	(Area Co	de & Daytime Telephone Number)
Enclo	osed is a check for the following amount:		
□\$125	5.00 Filing Fee & S130.00 Filing Fee & Certificate of Status	\$155.00 Fili Certified Co (additional co	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 2661 Ex	Courier Address Ition Section In of Corporations Building Recutive Center Circle See, FL 32301



February 6, 2008

APRIL FADELY 7303 HWY. 2311 PANAMA CITY, FL 32404

SUBJECT: APRYLSHOWERS PHOTOGRAPHY, LLC

Ref. Number: W08000006513

We have received your document for APRYLSHOWERS PHOTOGRAPHY, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

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.

Letter Number: 608A00007941

Leslie Sellers Regulatory Specialist II

Division of Comparations DO ROY 6327 Tallahassaa Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	eany is:
Aprylshowers Photography, L (Must end with the words "Limit	LC ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address o	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
April Fadely	April Fadely
7303 Hwy 2311	7303 Hwy 2311
Panama City, FL 32404	Panama City, FL 32404
The name and the Florida street address April Fadely	of the registered agent are: Name
7303 Hwy 2311	
Florida s	street address (P.O. Box NOT acceptable)
Panama City, F	L 324 04
City	, State, and Zip
liability company at the place designoregistered agent and agree to act in this statutes relating to the proper and compacted the obligations of my position	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

MFEB 15 PH 4: 3

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member April Fadely 7303 Hwy 2311 Panama City, FL 32404	"MGR" = Mai		Name and Address:
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: 2/14/2008 (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days plug days after the date of filing.) 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.)		Aanaging Member	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: 2/14/2008 (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days produced by the date of filing.) REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Plorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	MGR		
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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)

Page 2 of 2