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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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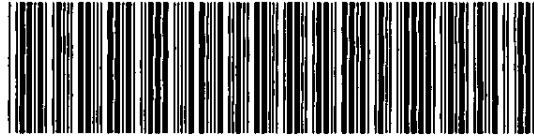
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. C. SEP 30 2008



**MARK S. FINAMORE**  
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WARREN, OHIO 44482

September 10, 2008

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

Re: Registration of Limited Liability Company  
Ben Marchio Photography LLC

Dear Sir:

Enclosed please find the original cover letter and Articles of Organization for Florida Limited Liability Company for the above-referenced company. Also enclosed is my check in the amount of \$160.00 for the filing fee, Certificate of Status and a certified copy with an additional copy of the document enclosed. Please file and process the same with your office for issuance of a Certificate of Status and a certified copy of the Articles of Organization.

Thank you for your help and cooperation in this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read "Mark S. Finamore", with a long, sweeping horizontal line extending to the right.

MARK S. FINAMORE  
Attorney at Law

MSF/jw  
Enclosures

cc: Mr. Ben Marchio

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Ben Marchio 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:

Ben Marchio

(Name of Person)

Ben Marchio Photography LLC

(Firm/Company)

11827 Lynne Tree Ln W

(Address)

Jacksonville, FL 32258

(City/State and Zip Code)

For further information concerning this matter, please call:

Ben Marchio

(Name of Person)

at ( 614 ) 783-2928

(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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Ben Marchio Photography LLC

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

### ARTICLE II - Address:

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

#### Principal Office Address:

Ben Marchio

11827 Lynne Tree Ln W

Jacksonville, FL 32258

#### Mailing Address:

Ben Marchio

11827 Lynne Tree Ln W

Jacksonville, FL 32258

### 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 business entity with an active Florida registration.)

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

Ben Marchio

Name

11827 Lynne Tree Ln W

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

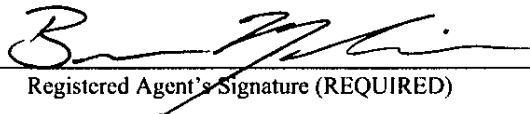
Jacksonville

FL

32258

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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

**Name and Address:**

MGR

Ben Marchio

11827 Lynne Tree Ln W

Jacksonville, FL 32258

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**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.)

**Ben Marchio**

Typed or printed name of signee

**FILED**  
08 SEP 29 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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)**