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(F	Requestor's Name	9)
(A)	ddress)	
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(C	ity/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Na	ame)
(C	ocument Number	r)
Certified Copies	Certificate	es of Status
Special Instructions to	o Filing Officer:	

Office Use Only



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SECRETARY OF STATE
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SECRETARY OF STATE

W09-241592009

J. BRYAN

JUN -1 2009

EXAMINER

COVER LETTER

TO: Registration Division of C					
_{SUBJECT:} Mark	Siler Photograph	ıy, LLC.			
JOBSECT.		d Liability Compa	ny)	<u>.</u>	
The enclosed Articles	of Organization and fee(s) are so	ubmitted for filing	j.		
Please return all corres	spondence concerning this matte	er to the following:	:		
Mark Sile	er			O	
	(1	Name of Person)		9 14	4 m
Mark Sile	er Photography, LLC) .		22.	-
	(Firm/Company)		5572 E	-
8236 26	th Avenue North			FLS	, ,
		(Address)			5
Saint Pe	tersburg, Florida	33710			
	(City	/State and Zip Code))		
For further information	n concerning this matter, please	call:			
Mark Siler		at (727)	344-174	14	
(Nam	ne of Person)	(Area Code	& Daytime Tele	phone Number)	
Enclosed is a check to	for the following amount:				
\$125.00 Filing Fee	✓\$130.00 Filing Fee & [Certificate of Status	\$155.00 Filing Certified Cop (additional copy	ру	\$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	Registration Division of Clifton Bu 2661 Exec	of Corporations		



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 21, 2009

MARK SILER MARK SILER PHOTOGRAPHY, LLC 8236 26TH AVENUE NORTH SAINT PETERSBRUG, FL 33710

SUBJECT: MARK SILER PHOTOGRAPHY, LLC

Ref. Number: W09000024159

We have received your document for MARK SILER 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):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6043.

Letter Number: 509A00017348

Joey Bryan Regulatory Specialist II 9 MAY 29 AM 8: 16 BECRETARY OF STATE ALLEANSSEE, FLORIDA

MITED LIABILITY COMPAN OF STATE L.C., or "L.L.C.")
mo I
77 60
L.C.," or "LLC.")
of the Limited Liability Company
ldress:
venue North
burg, Florida 33710
nt are:
NOT acceptable)
NOT acceptable)

1. 1. 1. A.

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGR	Mark Siler	
	8236 26th Avenue North	
	Saint Petersburg, FL 33710	
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	<u>်ကို</u>	
	The state of the s	RY OF 57
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(Use attachment if necessary)		
(Ose attackment if necessary)		
LE V: Effective date, if other than the da	ate of filing: (OPTIO	NAL
	specific and cannot be more than five business	
days after the date of filing.)	•	
· C		
REQUIRED SIGNATURE:	ar	
7/1/1	. 10 1 / /	

Mark Siler

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

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)

that the facts stated herein are true.)