LIDD0005566/

(Re	equestor's Name)	
(Ac	idress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	пе)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		,

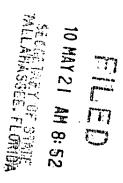
Office Use Only

EFFECTIVE DATE 5/15/10



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05/21/10--01009--024 **130.00



D. BRUCE

MAY 25 2010

EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Sunny	land Photography L	LC.				
		ted Liability Com	ipany			
The enclosed Articles	of Organization and fee(s) are	submitted for fili	ing.			
Please return all corres	pondence concerning this mat	ter to the following	ng:			
Milton G. D	e Moya					
		Name of Person				
Sunnyland	Photography LLC.					
		Firm/Company				
11411 NW	60 Street Unit 281					
		Address		•		
Doral, Flori						
F d		ty/State and Zip Co	de			
sunnylandp	hotography@yahoo.c E-mail address: (to be used		port notification	n)		
For further information	concerning this matter, please	e call:			Will San	3
Milton De Moya	CD.	_ at (_786	239-35		SS	7
Name	of Person	Area Co	de & Daytime T	i elephone Num	Fri	
Enclosed is a check f	or the following amount:				C S S	
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 File Certified C (additional co	-	Certifie	ate of Statu	ıs &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Divisio Clifton 2661 E:	Courier Address ation Section n of Corporati Building xecutive Cente	ons er Circle		

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Sunny	land Photography Ll	.LC.	
		ited Liability Company	
The enclosed Articles of	of Organization and fee(s) are	e submitted for filing.	
Please return all corres	pondence concerning this mat	atter to the following:	
Milton G. D	e Moya		
		Name of Person	
Sunnyland	Photography LLC.		
		Firm/Company	_
11411 NW	60 Street Unit 281		
		Address	
Doral, Flori	da. 33178		
		ity/State and Zip Code	
sunnylandp	hotography@yahoo.o	COM for future annual report notification)	
For further information	concerning this matter, please		,
Milton De Moya		_at (786)239-3535	Section 2
Name	of Person	Area Code & Daytime Telephone Number	£ 4-8
Enclosed is a check f	or the following amount:	FLOR	Ö
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ \$160.00 Filing Pee, Certified Copy (additional copy is enclosed) 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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Sunnyland Photography LLC.	
(Must end with the words "Limited Liability ARTICLE II - Address: The mailing address and street address of the printing address.)	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Sunnyland Photography LLC. 11411 NW 60 Street Unit 281 Doral, Fl. 33178	Sunnyland Photography LLC. 11411 NW 60 Street Unit 281 Doral, Fl. 33178
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re-	gistered agent are:
Milton G. De Moya	- AH
Name	2 1
11411 NW 60 Street U	nit 281
Florida street addre	ess (P.O. Box NOT acceptable)
Doral,	FL . 33178

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2



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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing	Member
	•
·	
·	
(Use attachment if nece	ssary)
ADTICLE V. FCC Jan. 'C	Color than the state of CPT on IM (CPTIONIAL)
ARTICLE V: Effective date, if	other than the date of filing: May 15 2010 (OPTIONAL)
to or 90 days after the date of fi	e date must be specific and cannot be more than five business days prior
o or 30 days after the date of h	ning.)
REQUIRED SIGNAT	URE:
	At 14 althor
Signat	ure of a member or an authorized representative of a member.
(In acc	cordance with section 608.408(3), Florida Statutes, the execution document constitutes an affirmation under the penalties of perjury.
of this	document constitutes an affirmation under the penalties of perjury.
that th	e facts stated herein are true.)
	milton De Moya 3 = 17
	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)