

**L10000127680**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



**300188542703**

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TALLAHASSEE, FLORIDA

2010 DEC 13 PM 12:25

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**C. LEWIS**

**DEC 14 2010**

**EXAMINER**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Kevin Stover 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:

Cristina Stover

Name of Person

Kevin Stover Photography LLC

Firm/Company

CMR 415 Box 4126

Address

APO AE 09114-4126

City/State and Zip Code

cristina@kevinstoverphotography.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cristina Stover

Name of Person

at (

321

) 220-8639

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:

Kevin Stover 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:

2109 Caledonia Pl  
Melbourne, FL 32940

### Mailing Address:

CMR 415 Box 4126  
APO AE 09114-4126

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

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

Brigitte Stover

Name

2395 Honeybrook Dr

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

Melbourne

FL

32940

City, State, and Zip

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*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..*

Brigitte Stover

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Kevin Stover

CMR 415 Box 4126

APO AE 09114-4126

MGRM

Cristina Stover

CMR 415 Box 4126

APO AE 09114-4126

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: Filing Date (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:**

CStover

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Cristina Stover

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)

12/14/10

CORPORATE DETAIL RECORD SCREEN

11:12 AM

NUM: P08000097475 ST:FL INACTIVE/FL PROFIT FLD: 10/29/2008

LAST: ADMIN DISSOLUTION FOR ANNUAL REPORT FLD: 09/24/2010

FEI#: 26-3638777

NAME : LIMA PRODUCTIONS, INC.

PRINCIPAL: 4345 S.W. 117 AVE

ADDRESS MIAMI, FL 33175

RA NAME : LIMA, JOSE A

RA ADDR : 4345 S.W. 117 AVE

MIAMI, FL 33175

ANN REP :

(2009) W 04/24/09

1. MENU, 3. OFFICERS, 4. EVENTS, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR: