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(Req	uestor's Name)	
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EXAMINER
MAR 29 2011

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Kamran Malik Photogra	aphy, LLC
	d Liability Company
The enclosed Articles of Organization and fee(s) are s	submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Kamran Malik	
	Name of Person
Kamran Malik Photograph	y, LLC.
	Firm/Company
PO Box 470094	
	Address
Lake Monroe, FL 32747-0094	
·	//State and Zip Code
malikphoto@gmail.com E-mail address: (to be used for	or future annual report notification)
For further information concerning this matter, please	call:
Kamran Malik	at (407 ) 488 2416
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	EFFECTIVE DATE 4/1/20/1
Kamran Malik Photography, Ll	LC.
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Kamran Malik Photography, LLC. 1663 Astor Farms Place Sanford, FL 32771	Kamran Malik Photography, LLC. PO Box 470094  Lake Monroe, FL 32747-0094
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:  S Place  ress (P.O. Box NOT acceptable)
Kamran Malik	三 美工
Name	
1663 Astor Farms	s Place 취실 및 <sup>0</sup>
Florida street add	ress (P.O. Box NOT acceptable)
Sanford	_FL 32771
City, Sta	te, 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)

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:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Kamran Malik
	1663 Astor Farms Place
	Sanford, FL 32771
MGRM	Kimberly Malik
	1663 Astro Farms Place
	Sanford, FL 32771
(Use attachment if necessary)	
	be specific and cannot be more than five business

**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. 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.)

### Kamran Malik

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)