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B. BOSTICK

JUN 2 3 2011

EXAMINER

COVER LETTER

TO: Registration of	on Section Corporations		
_{SUBJECT:} Liar	ne Stepien Photogr	aphy, LLC	
	Name of Limit	ed Liability Company	
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please return all corr	respondence concerning this mat	ter to the following:	
Liane S	Stepien		
		Name of Person	
Liane S	Stepien Photograph	y, LLC	
	<u> </u>	Firm/Company	
9945 C	renshaw Circle		
		Address	
Clermon	t, FL 34711		
lianaatan		y/State and Zip Code	
nanestep	ienphotography@yaho E-mail address: (to be used i	O.COM for future annual report notification)	SITO A
For further informati	ion concerning this matter, please	e call:	AH 10: 21 0F STATI
Liane Stepien		at (407) 929-3749	26 ATE RIDA
Na	me of Person	Area Code & Daytime Telephone Nur	mber
Enclosed is a check	k for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certific	00 Filing Fee, cate of Status & ed Copy nal 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 Compa	any is:	
Liane Stepien Photograph	y, LLC	
(Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	the principal office of the Limited Liabilit	ty Company is:
Principal Office Address:	Mailing Address:	
Liane Stepien Photography, LLC	Liane Stepien Photography, LLC	
9945 Crenshaw Circle	9945 Crenshaw Circle	
Clermont, Fl 34711	Clermont, FL 34711	
	stered Office, & Registered Agent's Sign Registered Agent. You must designate an individual o	or another
The name and the Florida street address o	f the registered agent are:	
Liane Stepien	か 	
	Name	Tarrett .
9945 Crensha	aw Circle	AH IO: 2
Florida str	reet address (P.O. Box NOT acceptable)	<u> </u>

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

_{FL} 34711

Registered Agent's Signature (REQUIRED)

Clermont

(CONTINUED)

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	г
MGR	Liane Stepien
	9945 Crenshaw Circle
	Clermont, Fl 34711
	Ac.
	HE X
***************************************	<u> </u>
	TAT 2
	——————————————————————————————————————
<i>a</i>	
(Use attachment if necessary)	
LEV: Effective date, if other the	an the date of filing: (OPTIONAL)
	nust be specific and cannot be more than five business days p
days after the date of filing.)	· · · · · · · · · · · · · · · · · · ·
REQUIRED SIGNATURE:	•
REQUIRED SIGNATURE:	
1	0
dran	e Allow
Signature of a r	member or an authorized representative of a member.
(In accordance with secti	ion 608.408(3), Florida Statutes, the execution of this document
constitutes an affirmation	on under the penalties of perjury that the facts stated herein are true. e information submitted in a document to the Department of State
	e information submitted in a document to the Department of State

constitutes a third degree felony as provided for in s.817.155, F.S.)

Liane Stepien

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)