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EXAMINER



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COVER LETTER

TO:

	tration Section on of Corporations	
SUBJECT:	Stephanie Parl	ke Photography LLC
	Name of Limit	ted Liability Company
The enclosed A	articles of Organization and fee(s) are	submitted for filing.
Please return al	l correspondence concerning this mat	ter to the following:
	Step	phanie Parke
	Otanhania Da	
	Stepnanie Pa	rke Photography LLC
		Firm/Company
	4613	Steel Dust Lane
		Address
 		utz, FL 33559
		ty/State and Zip Code
	Stephan E-mail address: (to be used	ie_parke@yahoo.com for future annual report notification)
For further info	ormation concerning this matter, pleas	e call:
Sto	ephanie Parke	at (407) 267-3479
	Name of Person	Area Code & Daytime Telephone Number
Enclosed is a	check for the following amount:	
\$125.00 Filing	Fee \$\int_\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, 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 Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Stephanie Parke 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:	Mailing Address:
4613 Steel Dust Lane	4613 Steel Dust Lane
Lutz, FL 33559	Lutz, FL 33559

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:

Stephan	ie Parke
	Name
4613 S	steel Dust Lane
	Florida street address (P.O. Box NOT acceptable)
Lutz	_{FL} 33559
	City, State, 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 Chapier 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:

(n/a)		(n/a)
		(Iva)
		
		<u>,</u>
(Use attachme	nt if necessary)	
LEV. Effectiv	ve date if other than the	e date of filing: July 5, 2011 (OPTION
fective date is	listed, the date must b	be specific and cannot be more than five business da
days after the	date of filing.)	
	SIGNATURE:	

(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.)

> Stephanie Parke 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)