# U1000 116727

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | ldress)            |           |
| (Ad                     | ldress)            |           |
| (Cit                    | ry/State/Zip/Phone | #)        |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | siness Entity Nam  | e)        |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |

Office Use Only



700213163627

10/11/11--01048--013 \*\*125.00

ZOIL OCT II PH I: 41
SECRETARY OF STATE

T. CLINE
OCT 12 2011
EXAMINER

# **COVER LETTER**

TO: . Registration Section

| Division of Corporations  |   |                |
|---|---|----------------|
| SUBJECT: Sandra Bianco Photo                                    | ography   |                |
| Name of Lin   | nited Liability Company   |                |
| The enclosed Articles of Organization and fee(s) a              | re submitted for filing.  |                |
| Please return all correspondence concerning this n              | natter to the following:  |                |
| Sandra Bianco   |   |                |
|   | Name of Person  |                |
| Sandra Bianco Photogra  | <u> </u>  |                |
|   | Firm/Company  |                |
| 3392 W Community Drive  | •   |                |
|   | Address   |                |
| Jupiter, Florida 33458  |   |                |
|   | City/State and Zip Code   |                |
| sanbianco@aol.com   |   | -              |
| E-mail address: (to be use                                      | ed for future annual report notification)                                   |                |
| For further information concerning this matter, ple             | ase call:   |                |
| Sandra Bianco   | ase call:  at (561) 762-4908 AFE SET OCT OCT OCT OCT OCT OCT OCT OCT OCT OC | ****           |
| Name of Person  | Area Code & Daytime Telephone Number  | Em toraco<br>E |
| Enclosed is a check for the following amount:                   |   | C              |
| \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status | S155.00 Filing Fee & S160.00 Filing Fee Certificate of Status &             |                |
|   | (additional copy is enclosed) Certified Copy (additional copy is enclosed)  |                |
| Mailing Address   | Street/Courier Address  |                |
| Registration Section<br>Division of Corporation                 | Registration Section  Division of Corporations                              |                |
| P.O. Box 6327<br>Tallahassee FL 32314                           | Clifton Building 2661 Executive Center Circle                               |                |

Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company  | is:  |                      |
|--|--|----------------------|
| Sandra Bianco Photography  | , LLC  |                      |
| (Must end with the words "Limited L  | iability Company, "L.L.C.," or "LLC.")       |                      |
| ARTICLE II - Address: The mailing address and street address of the  | e principal office of the Limited L          | iability Company is: |
| Principal Office Address:  | <b>Mailing Address:</b>                      |                      |
| 3392 W Community Drive   |  |                      |
| Jupiter, Florida 33458   |  |                      |
| ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)  The name and the Florida street address of the Sandra Bianco | egistered Agent. You must designate an indi- |                      |
|  | ame  | Lian Command         |
| 3392 W Comm  | unity Drive                                  |                      |
| Florida street   | t address (P.O. Box NOT acceptable)          | J: 4.1               |
| Jupiter  | <sub>FL</sub> 33458                          | -                    |
| 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 Chapter 608, F.S.

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:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member  | Name and Address:  |     |
|---|--|-----|
| MGR. MGR  | Sandra Bianco 3392 W Community Drive Jupiter, Florida 33458  |     |
|   |  |     |
|   |  |     |
| (Use attachment if necessary)   | 40 6 44 E  | 201 |
| ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be space or 90 days after the date of filing.) | te of filing: 10.6.11 (OPTO pecific and cannot be more than five business of SSEE ARY OF THE PROPERTY OF T |     |
| REQUIRED SIGNATURE:  Signature of a member of   | 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.)

### Sandra Bianco

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)