

L11000127001

(Requestor's Name)

(Address)

(Address)

(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

G. MCLEOD

NOV - 8 2011

EXAMINER



600213861356

11/07/11--01011--003 **125.00

FILED

11 NOV - 7 PM 4:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMERALD COAST REAL ESTATE 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:

BENJAMIN A. BELL, CPA

Name of Person

BENJAMIN A. BELL, CPA

Firm/Company

1010 N. 12TH AVENUE, SUITE 101

Address

PENSACOLA, FLORIDA 32501

City/State and Zip Code

BEN@BENJAMINBELLCPA.COM

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

For further information concerning this matter, please call:

BENJAMIN A. BELL, CPA

Name of Person

at (850) 429-1581

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:

EMERALD COAST REAL ESTATE 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:

2725 DELUNA WAY
MILTON, FL 32583

Mailing Address:

2725 DELUNA WAY
MILTON, FL 32583

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:

BENJAMIN A. BELL, CPA

Name

1010 N. 12TH AVENUE, SUITE 101

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

PENSACOLA FL 32501

City, State, and Zip

FILED
11 NOV - 7 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Benjamin A. Bell, CPA

Registered Agent's Signature (REQUIRED)

(CONTINUED)

