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(Downstade Norms)
(Requestor's Name)
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(City (Chata (Zin/Dhana 40)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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EFFECTIVE DATE 02/01/12



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TALLAHASSEE FLORIDA

D. BRUCE

JAN 3 0 2012

EXAMINER

COVER LETTER

TO:	Registration Se Division of Con			
CATIO II		ography, LLC		
SUBJI	ECT:		ed Liability Company	
The en	closed Articles of	Organization and fee(s) are	submitted for filing.	
Please	return all correspo	endence concerning this matt	er to the following:	
	Rana Mohammad	lian	•	
			Name of Person	
	Roohi Photograp	hy, LLC		
			Firm/Company	
	750 4th Ave S. #70	04		1
			Address	
s	t. Petersburg, FL	33701		
	***************************************	City	//State and Zip Code	· · · · · · · · · · · · · · · · · · ·
I	ranamohammadia	n@hotmail.com		
•		E-mail address: (to be used for	or future annual report notification)	
For fur	ther information co	oncerning this matter, please	call:	Z JA
			727 252-8949 (S)	W27
	Name of	Person	Area Code & Daytime Telephone Number	T R II
Enclos	ed is a check for	the following amount:		#: -
\$125.00	Filing Fee X	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Certified Copy (additional copy is enclosed) Certified Cop (additional copy	Fee, Status & y
		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

(Must end with the words "Limited Lia	ibility Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of the	principal office of the Limited Liab	ility Company	
Principal Office Address:	Mailing Address:		
750 4 th Ave. S. #704	750 4th Ave. S. #704		
St. Petersburg, FL 33701	St. Petersburg, FL 33701		
The name and the Florida street address of the Rana Mohammadian		FIL 12 JAN 27	
750 4 th Ave. S. #704	ne ne		
Florida street a	address (P.O. Box <u>NOT</u> acceptable)	24 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
		لابلان الداريب	
St. Petersburg	FL 33701	(*)	

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:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MORIM — Managing Member	·
MGRM	Rana Mohammadian
	750 4 th Ave. S. #704
	St. Petersburg, FL 33701
	
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	e date of filing: 02/01/12 . (OPTIONAL se specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date must be	
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	
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CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of	er or an authorized representative of a member. 3.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of	er or an authorized representative of a member. 3.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
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Page 2 of 2

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)