

L12000019368

Wayne F. Collins

(Requestor's Name)

PO Box 5054

(Address)

(Address)

Largo, Fl. 33779

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

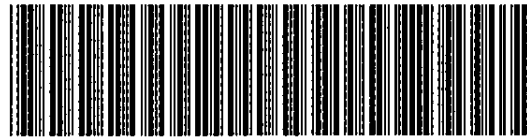
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/08/12--01006--024 **130.00

EFFECTIVE DATE

2/6/12

FILED
12 FEB -8 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Oulligan FEB - 9 2012

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A LOOK THROUGH A PHOTOGRAPHERS WINDOW 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:

571 6TH AVE. SOUTHEAST
LARGO, FL. 33771

Mailing Address:

POST OFFICE BOX 5054
LARGO, FLORIDA
33779

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:

Wayne F. COLLINS
Name

571 6TH AVE. SOUTHEAST
Florida street address (P.O. Box **NOT** acceptable)
LARGO, FL 33771
City, State, and Zip

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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.

Wayne F. Collins
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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Name and Address:

WAYNE F. COLLINS
571 6TH AVE SOUTH EAST
POST OFFICE BOX 5054
LARGO, FL. 33779

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2/6/2012 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Wayne F. Collins
Signature of a member 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.)

WAYNE F. COLLINS
Typed or printed name of signee

FILED
12 FEB -8 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)