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SECRUTARY OF STATE
ANASSEF FLORIDA

TO:

TO: Registration Se Division of Cor			
SUBJECT: Wond	erland Photogr		
and the same of th	Name of Limited	d Liability Company	
A THE RESIDENCE OF THE PARTY OF			
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all correspo	ndence concerning this matte	er to the following:	
KIMBERI	Y BECKER	Name of Person	
	•		
WONDE	RLAND PHOT	OGRAPHY, LL	.C
		Firm/Company	
11420 C	RESTLAKE VI	LLAGE DRIVE	
		Address	
50 (50) (15V	, EL 00500		
RIVERVIEW		/State and Zip Code	
Wonderland	d.pic@gmail.com	istate and Zip Code	
vvondenand	E-mail address: (to be used for	or future annual report notification	on)
For further information c	oncerning this matter, please	call:	
	-		
Kimberly Becker		at (813) 900-5	
Name o	f Person	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 Add Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ľ	T	Æ	I.	. N	a	m	e	

The name of the Limited Liability Company is:

Wonderland 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:

Mailing Address:
11420 Crestlake Village Drive
Riverview, FI
33569

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:

Name

11420 Crestlake Village Drive

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

Riverview

FL 33569

City, State, and Zip

12 MAY 10 PM 12: 05 SECIMETARY 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.

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:
	= Manager //" = Managing Member	
MGR		Kimberly Becker
		11420 Crestlake Village Drive
		Riverview, Fl 33569
 		
(Use att	achment if necessary)	
(If an effective	Effective date, if other than the date is listed, the date must feer the date of filing.)	ne date of filing: 05/15/2012 . (OPTIONAL) be specific and cannot be more than five business days prior
REQU	IRED SIGNATURE:	SECTION TALL
	Official	Tocker # ==
	, Signature of a mem	ber or an authorized representative of a member.
	I am aware that any false info	08.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are trace or permation submitted in a document to the Department of the penalties of perjury that the facts stated herein are trace or penalties of perjury that the facts stated herein are trace or penalties of perjury that the facts stated herein are trace or penalties of pena
	Kimberly Be	The state of the s
		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)