# 112000011317

(Re	questor's Name)	
. (Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

G. MCLEOD

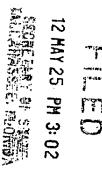
MAY 29 2012

**EXAMINER** 



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## **COVER LETTER**

TO: Registration So Division of Cor			
Becky	Rudolf Photogra	nhy IIC	
SUBJECT: BECKY		ed Liability Company	<del></del>
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
	ondence concerning this matt		
Becky Ru	dolf		
<u>Decky I to</u>	don	Name of Person	
Becky Ru	dolf Photography	, LLC	
		Firm/Company	
5020 N. B	ranch Ave		
		Address	
Tampa, FL			
booky rudolf	Ť	y/State and Zip Code	
becky.rudon	@gmail.com E-mail address: (to be used for	or future annual report notification)	
For further information c	oncerning this matter, please	call:	
Becky Rudolf		at ( 813 ) 508-5045	
Name o	f Person	Area Code & Daytime Telep	phone 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 C Tallahassee, FL 32301	ircle



### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# Becky Rudolf Photography, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LL.C.")

#### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	<b>Mailing Address:</b>	
5020 N. Branch Ave	5020 N. Branch Ave	
Tampa, FL 33603	Tampa, FL 33603	
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of  Rebecca Rudolf	Registered Agent, You must designate an indiv	vidual or another
<u> </u>	Name	25
5020 N. Branch Ave		
Florida stre	eet address (P.O. Box NOT acceptable)	الله الله
Tampa, FL 33603	FL	<b>2</b> 82
Ci	ity, 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)

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: "MGR" = Manager	Name and Address:
"MGRM" = Managing Mem	ıber
MGR	Becky Rudolf
	5020 N. Branch Ave
	Tampa, FL 33603
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary	<sup>'</sup> )
NEW COCALINA Jaka Condens	OPTIONIA
	r than the date of filing: (OPTIONAl emust be specific and cannot be more than five business day
days after the date of filing.	<u>-</u>
, and a miles the date of ming.	,
REQUIRED SIGNATURE	<b>:</b>
4	
Signature o	f a member or an authorized representative of a member.
	1.
(In accordance with s	section 608 408(3). Florida Statutes the execution of this document
constitutes an affirm	section 608.408(3), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are true.
constitutes an affirm I am aware that any	section 608.408(3), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.)

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)

Typed or printed name of signee