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A. LUNT
JUN 20 2011
EXAMINER

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COVER LETTER

TO: Registration Division of	1 Section Corporations		
SUBJECT:	aver Wagner Pl Nathe of Limited L	notography, LLC	,
The enclosed Articles	of Organization and fee(s) are sub-	nitted for filing.	
Please return all corre	spondence concerning this matter to	the following:	
	Carey Wagn		·
	Carey Wagner	Photographic m/Company	1, UC
	325 5th A		F-1
		Address	LANGE AND TO THE PARTY OF THE P
	St. Petersburg	FL 3370 te and Zip Code	1 SEE 3
	Carey @ carey w E-mail address: (to be used for fu		
For further informatio	n concerning this matter, please cal		*
Carey	Wagner at	(<u>415</u>) <u>297-0</u> Area Code & Daytime Tele	6594 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	

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:			
(Must end with the words, "Limited Liability	Photography, c	1C	
(Must end with the words, "Limited Liabilit	ty Company, "L.L.Cl," or "ILC.")		
ARTICLE II - Address:			
The mailing address and street address of the pri	ncipal office of the Limited	Liability Compan	ıy is:
Principal Office Address:	Mailing Address:		
325 5th Aves #8	& same	I I I	
St. Petersburg, FL			T i
	ered Agent. You must designate an in	nt's Signature: dividual or another.	

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)

MGR/MGRM Cover Wagner 325 Ust Adv. S # 8 St. Pekrsburg, FL 33701 The state of t	325 Ustray, \$1 33701. St. Pekusburg, \$1 337	Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
(Use attachment if necessary)	LE V: Effective date, if other than the date of filing: (OPTION fective date is listed, the date must be specific and cannot be more than five business d	MGR/MGRM	325 U5#AVe 5#8
	fective date is listed, the date must be specific and cannot be more than five business d		
REQUIRED SIGNATURE:		LE V: Effective date, if other than the fective date is listed, the date must b days after the date of filing.)	e date of filing: (OPTION e specific and cannot be more than five business d
REQUIRED SIGNATURE:		LE V: Effective date, if other than the fective date is listed, the date must b days after the date of filing.)	e date of filing: (OPTION e specific and cannot be more than five business d
REQUIRED SIGNATURE: Signature of a member of an authorized representative of a member.	Signature of a member of an authorized representative of a member.	LE V: Effective date, if other than the fective date is listed, the date must b days after the date of filing.) REQUIRED SIGNATURE:	e specific and cannot be more than five business d
Local Cot	(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	LE V: Effective date, if other than the fective date is listed, the date must b days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a m	er of 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

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Fees: