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B. KOHR

AUG 2 8 2012

EXAMINER

COVER LETTER

Division of	n Section Corporations		
SUBJECT: Third	d Coast Photograp	ohy LLC	
		ted Liability Company	
The enclosed Article	s of Organization and fee(s) are	submitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
Geoffre	y Barr		
		Name of Person	DIVISION OF COMPORATION
		Firm/Company	82
11727 F	ennemore Way		ORPO
		Address	F.
Parrish, F			
D and a con-		ty/State and Zip Code	
Barrnouse	e@earthlink.net E-mail address: (to be used	for future annual report notification)	
For further information	on concerning this matter, pleas	e call:	
Geoffrey Barr		at (941) 348-9953	3
Nar	ne of Person	Area Code & Daytime Te	lephone 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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Third Coast 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 188
Principal Office Address:	Mailing Address:	B ON ST
11727 Fennemore Way	11727 Fennemore Way	F. 3
Parrish, FL 34219	Parrish, FL 34219	

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:

Geoffrey	Barr
	Name
11727	Fennemore Way
	Florida street address (P.O. Box NOT acceptable)
Parrish	_{FL} 34219
	City, 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..

(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:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Geoffrey Barr 11727 Fennemore Way Parrish, FL 34219
(Use attachment if necessary)	L. CCI' (OPTIONAL
CLE V: Effective date, if other than the	ne date of filing: (OPTIONAL be specific and cannot be more than five business days
CLE V: Effective date, if other than the	
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.)	
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE:	
CLE V: Effective date, if other than the effective date is listed, the date must to days after the date of filing.) REQUIRED SIGNATURE: Signature of a memily constitutes an affirmation und lam aware that any false info	be specific and cannot be more than five business days

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)