

#L13000045353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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13 MAR 25 AM 11:39  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
MAR 27 2013



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 15, 2013

THOMAS C HOLLOWAY  
105 CAPRI COVE EAST  
NICEVILLE, FL 32578

SUBJECT: PROLMAGE PHOTOGRAPHY LLC  
Ref. Number: W13000015490

We have received your document for PROLMAGE PHOTOGRAPHY LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly  
Regulatory Specialist II

Letter Number: 213A00006218

(850) 245-6051.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Prolmage Photography LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Thomas C. Holloway**

Name of Person

**Prolmage Photography LLC**

Firm/Company

**105 Capri Cove East**

Address

**Niceville, Florida**

City/State and Zip Code

**proimage1@cox.net**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Thomas C. Holloway**

Name of Person

at **850 897-1888**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Prolmage 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:

#### Principal Office Address:

105 Capri Cove East

Niceville, Florida

32578

#### Mailing Address:

105 Capri Cove East

Niceville, Florida

32578

### 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:

Thomas C. Holloway

Name

105 Capri Cove East

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

Niceville, FL 32578

FL

City, State, and Zip

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CLERK OF STATE  
ALLIANCE, 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..*

Thomas C. Holloway  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

The name and address of each Manager or Managing Member is as follows:

**"MGRM" = Managing Member**

Niceville, Florida 32578

Niceville, Florida 32578

**(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.)**

Typed or printed name of signee

**\$ 5.00 Certificate of Status (Optional)**