

L14000012533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

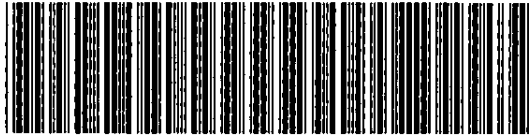
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EFFECTIVE DATE 01-01-14

SECRET

B. M. LOK

JAN 23 2014

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A.L. Image "L.L.C."  
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:

Autumn L. Ingraham  
Name of Person

A.L. Image "L.L.C."  
Firm/Company

3363 Diamond Knot Cr. Apt 3363  
Address

Tampa FL 33607  
City/State and Zip Code

amazinglookingimage@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Autumn Ingraham at (813) 230 5585  
Name of 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 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:

A.L. Image "L.L.C."

(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:**

3363 Diamond Knot Cr.  
Tampa FL 33607

**Mailing Address:**

3363 Diamond Knot Cr.  
Tampa FL 33607

**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:

Autumn Ingraham  
Name

3363 Diamond Knot Cr.

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

Tampa

City

FL

33607

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 605, F.S.*

G. Ingraham

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

MGR

Autumn Ingraham  
3363 Diamond Knot Cr.  
Tampa Fl 33607

Autumn Ingraham  
3363 Diamond Knot Cr.  
Tampa Fl 33607

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: Jun 11/2014 (OPTIONAL)

(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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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 constitutes a third degree felony as provided for in s.817.155, F.S.)

Autumn Ingraham

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)

6/11/2014 1:25  
Autumn Ingraham



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 6, 2014

AUTUMN L. INGRAHAM  
3363 DIAMOND KNOT CR  
APT. 3363  
TAMPA, FL 33607

SUBJECT: A.L. IMAGE  
Ref. Number: W1400000813

We have received your document for A.L. IMAGE 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 name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 314A00000289