

L14000058172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

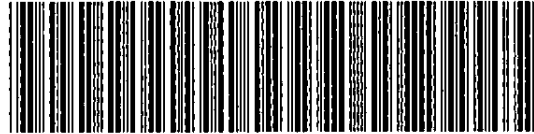
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 APR -9 AM 10:54
DIVISION OF CORPORATE AFFAIRS

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14 APR -9 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 09 2014

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMAGES BY DZYN
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:

ANDREA NORTON

Name of Person

IMAGES BY DZYN

Firm/Company

1886 NICKLAUS CT APT. C X

Address

TALLAHASSEE, FL 32301

City/State and Zip Code

mrsnorton99@yahoo.com

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

For further information concerning this matter, please call:

ANDREA NORTON

Name of Person

at (850)

Area Code

322-6539

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

SECRET
APR 14 2002
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

14 APR -9 AM 11:02

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

IMAGES BY DZYN, 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:

Mailing Address:

1886 NICKLAUS Ct Apt. C

TALL, FL 32301

1886 NICKLAUS Ct Apt. C

TALL, FL 32301

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:

ANDREA NORTON

Name

1886 NICKLAUS CT Apt. C

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

TALLAHASSEE

City

FL

State

32301

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.

Andrea Norton

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE
FLORIDA

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AND
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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

ANDREA NORTON

1886 NICKLAUS CT Apt. C

TAI, FL 32301

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

Andrea Norton

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.)

ANDREA NORTON

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)

STATE OF FLORIDA
DEPARTMENT OF STATE
FILING

14 APR -9 AM 11:02

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AND
FILED