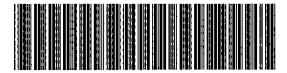
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

4PR 22 2014 J. HARRIS

COVER LETTER

Division of Corporations	
SUBJECT: LEONARDO MORAN PHOTOGRA	
Name of Limi	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
LEONARDO MORAN	Name of Person
	Name of Person
	Firm/Company
22352 CALIBRE COURT STE 104	Address
BOCA RATON FL 33433	
Cit	y/State and Zip Code
LEONARDO@LEMOCASTUDIO.COM E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, pleas	
For fusition mormation concerning this matter, pleas	c can.
LEONARDO MORAN at (56	61) 962-5431
	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	Classes on the Classes of the Classes on the Classe
☐ \$125.00 Filing Fee	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
	(additional copy is chelosed)
Mailing Address	Street/Courier Address
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
	i alialiassee, i ii sesti



March 28, 2014

LEONARDO MORAN 22352 CALIBRE CT, STE 104 BOCA RATON, FL 33433

SUBJECT: LEONARDO MORAN PHOTOGRAPHY LLC

Ref. Number: W14000019838

We have received your document for LEONARDO MORAN PHOTOGRAPHY LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Name of AMBR must be included.,

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 014A00006686

14 APR 22 PM I PO

$\textbf{ARTICLES} \ \textbf{OF} \ \textbf{ORGANIZATION} \ \textbf{FOR} \ \textbf{FLORIDA} \ \textbf{LIMITED} \ \textbf{LIABILITY} \ \textbf{COMPANY}$

ARTICLE I - Name: The name of the Limited Liability Company is:			
LEONARDO MORAN 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 offi	ce of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
22352 CALIBRE COURT STE 104 BOCA RATON FL 33433	22352 CALIBRE COURT STE 104 BOCA RATON FL 33433		
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or		
The name and the Florida street address of the registered a	gent are:		
LEONARDO MORAN Name			
22352 CALIBRE COURT STE Florida street address (P.O. Box March 1988)			
BOCA RATON	FL 33433		
City	Zip		
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company a the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605 P.S		
Registered Agent's Signatu	re (REQUIRED)		

(CONTINUED)

Page 1 of 2

SECRETARY OF STAY!
SECRETARY OF STAY!

	REQUIRED SIGNATURE:				
ARTIC	RTICLE VI: Other provisions, if any.				
(If an e		te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after			
	(Use attachment if necessary)				
		22352 Cellbre ct 104 Doce Reton FL 33433			
	Leonardo Moran	Leonardo Movan			
	"MGR" = Manager AMBR	22352 CALIBRE COURT STE 104 BOCA RATON FL 33433			
<u>Title:</u> "AMBR" = Authorized Member		Name and Address:			

LEONARDO MORAN
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)

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