

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000185047 3)))



H140001850473ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : CORP USA
 Account Number : 072450003255
 Phone : (305) 634-3694
 Fax Number : (786) 409-5946

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

SECRETARY OF STATE
 JILL ANASTAS
 FLORIDA

2014 AUG -5 AM 8:33

FILED

FLORIDA LIMITED LIABILITY CO.
FOTO FUN BOOTH, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

18700

RECEIVED

14 AUG -5 PM 4:56

DIVISION OF CORPORATIONS
 BUREAU OF COMMERCIAL
 INFORMATION SERVICES

AUG -6 2014

T CLINE

Electronic Filing Menu

Corporate Filing Menu

Help

414000185047

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME OF LIMITED LIABILITY COMPANY

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

FOTO FUN BOOTH, LLC

ARTICLE II - ADDRESS OF LIMITED LIABILITY COMPANY

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THE LIMITED LIABILITY COMPANY IS:

11317 OUTRIGGER AVENUE
SPRING HILL, FLORIDA 34608

ARTICLE III - REGISTERED AGENT AND OFFICE

THE NAME OF THE REGISTERED AGENT AND THE STREET ADDRESS OF THE REGISTERED OFFICE OF THE LIMITED LIABILITY COMPANY IS:

DANIELLE PAYTON
11317 OUTRIGGER AVENUE
SPRING HILL, FLORIDA 34608

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 606, FLORIDA STATUTES.

DATED:

8/5/14

D. Payton
DANIELLE PAYTON

2014 AUG -5 AM 8:33
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV - MANAGEMENT

THE NAMES AND ADDRESSES OF EACH MANAGER OR MANAGING MEMBER IS AS FOLLOWS:

MANAGER/MEMBER: DANIELLE PAYTON
11317 OUTRIGGER AVENUE
SPRING HILL, FLORIDA 34608

BRYANT PAYTON
11317 OUTRIGGER AVENUE
SPRING HILL, FLORIDA 34608

KATHRYN PAYTON
11317 OUTRIGGER AVENUE
SPRING HILL, FLORIDA 34608

DATED: 8-5-14

x D. Payton
DANIELLE PAYTON

2014 AUG -5 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN ACCORDANCE WITH SECTION 605.0203(1)(b), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.