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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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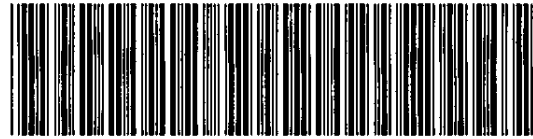
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 16 2014
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MJD Photography LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Megan Daugherty

Name of Person

MJD Photography LLC

Firm/Company

6420 Evergreen Park Drive

Address

Lakeland, FL 33813

City/State and Zip Code

mjdphotography@outlook.com

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

For further information concerning this matter, please call:

Monica Daugherty (Registered Agent)

863

409-8973

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 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

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CLERK OF SUPERIOR COURT

MJD Photography LLC

The Articles of Organization for this Limited Liability Company were filed on 09/05/2014 and assigned
Florida document number L14000139168.

Page 1 of 3

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

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E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 8, 2014

Megan Daugherty

Signature of a member or authorized representative of a member

Megan Daugherty

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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