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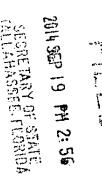
	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SEP 23 2014 T CLINE

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT:	Omnia Photo Name of Lin	bided Liability Company	
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.	
Please return all corre	espondence concerning this m	natter to the following:	
	Sasha	Jordan-Correc	\
-		Name of Person	
		Firm/Company	
	9560	5W 148th Plan	RECEIVED A CONTRACT OF THE CON
		Address	1
	Mian	i, FL 33196	10 A 8 1
	Sahajorda E-mail address: do be use	City/State and Zip Code Correa a gmaile d for future annual report notific	<u>ων</u> 2: 5. ation)
For further information	on concerning this matter, ple		·
Sasha Jord	an-Correu at (_	786 423-45	구식 lephone Number
Enclosed is a check for	or the following amount:		
S125.00 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)
	illing Address gistration Section	Street/Courier Add Registration Section	ress
		211011111111111111111111111111111111111	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:	
Omnia Photoc	raphy, LLC.
(Must end with the words "Limite	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:
9560 5W 148th Place Miani, FL 33196	9560 SW 148th Place Miani, FL 3396
Florida street address (P.O. Be Line) Florida street address (P.O. Be Line) City Having been named as registered agent and to accept the place designated in this certificate, I hereby accepacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the complexity.	m Registered Agent. You must designate an individual or ion.) ed agent are: M-Correa 148 Tace

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Sasha Jordan - Correa 9560 Sw 148th Place Miani, FL 33196
(Use attachment if necessary)	THE TARY
CI P.V. Difference data if other than the	data of films: 10/1/14 (OPTIONALL)
te of filing.)	date of filing: 10/1/4 (OPTIONAL) to especific and cannot be more than five business days prior to or 90 days a
effective date is listed, the date must be	pe specific and cannot be more than five business days prior to or 90 days a
effective date is listed, the date must be the of filing.)	be specific and cannot be more than five business days prior to or 90 days
effective date is listed, the date must be the of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false)	be specific and cannot be more than five business days prior to or 90 days

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)