Division of Corporations

# 0153434 Florida Department of State

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## FLORIDA LIMITED LIABILITY CO. VERBENA VISION PHOTOGRAPHY, LLC

Certificate of Status	0
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Estimated Charge	\$155.00

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Corporate Filing Menu

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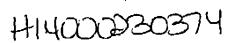
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#### COVER LETTER

	istration Section slop of Corporations
SUBJECT:	Verbena Vision Photography, LLC Name of Limited Liability Company
	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:
	Jia Song
	Name of Person .
-	Firm/Company
_	3530 SW 22nd St, Apt # 702
	Miami, FL 33145
<u>-</u>	City/State and Zip Code  Note    City/State and Zip Code  Note    Com  E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
Ji	Name of Person at 305 331 1287  Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:  Ing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee,  Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy  (additional copy is enclosed)
	Malling Address  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Street/Courier Address  Registration Section  Division of Corporations  Clifton Building  Tallahassee, FL 32301

#### 3.P

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Verbena Vision 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 office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	
483 Menendez Ave Coral Gables, FL 33146 Coral Gables FL 3346	
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.)	2 23
The name and the Florida street address of the registered agent are:	
is noneque tout name	)CT
140 SW 109th Ave.	7 -
Plotida street address (P.O. Box NOT acceptable)	
	, <b>c</b>
City Zip	. 05
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	ഗ
(Chen Ye)	•

(CONTINUED)

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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 "MOR" = Manager	Name and Address:	
Manager	Chen Ye 140 SW 1076 Ave Apt 10 Mizmi, 33 14	
· · · · · · · · · · · · · · · · · · ·		
(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 the date of filing.)  ARTICLE VI: Other provisions, if any.	id cannot be more than five business days prior to or 90 days af	ier
	· · · · · · · · · · · · · · · · · · ·	
REQUIRED SIGNATURE:		三组
(In accordance with section 605.020 constitutes an affirmation under the	r an Authorized representative of a member, 13 (15 (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true, on submitted in a document to the Department of State provided for in s.817.155, F.S.)	

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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