

L14000167490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

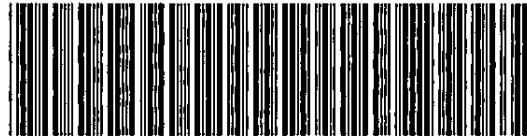
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-56951

Office Use Only



600264240146

09/12/14--01025--005 **130.00

FILED
2014 OCT 24 AM 11:12
CLERK OF SUPERIOR COURT
JACKSONVILLE, FLORIDA

OCT 28 2014
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2014

DESIREE WELCH
5781 RUSACK DRIVE
MELBOURNE, FL 32940

SUBJECT: DESIREEANGELLEPHOTOGRAPHYLLC
Ref. Number: W14000056951

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

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 314A00019921

2014 OCT 24 AM 11:12
FILED
CLERK OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DesireeAngellePhotographyLLC
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:

Desiree Welch
Name of Person

DesireeangellePhotographyllc
Firm/Company

5781 Rusack Drive
Address

Melbourne, Florida, 32940
City/State and Zip Code

Desiwelch@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Desiree Welch at (337) 254-2507
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$160.00 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

FILED
2014 OCT 24 AM 11:12
CLERK OF THE COURT
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DesireeAngellePhotographyLLC.

(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:

Desiree Welch
5781 Rusack Drive
Melbourne, Florida 32940

Desiree Welch
5781 Rusack Drive
Melbourne, Florida 32940

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.)

The name and the Florida street address of the registered agent are:

Desiree Welch
Name

5781 Rusack Drive
Florida street address (P.O. Box **NOT** acceptable)

Melbourne FL 32940
City Zip

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..

Desiree A. Welch
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2014 OCT 24 AM 11:12
CLERK OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Desiree Welch
378 Kusack Drive
Melbourne, FL 32940

(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 cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

DAW

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Desiree A Welch

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)

FILED
2014 OCT 24 AM 11:12
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA