L14000/79/24

	· · · · · · · · · · · · · · · · · · ·	
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
		_
PICK-UP	MAIT	MAIL
•	*	-
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
'	_	
<u></u>	• •	
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

W1/19

Effective 1/1/15

COVER LETTER

TO: Registration Division of	n Section Corporations	·	
	; ;		
SUBJECT: Thee I	Beginning Photography & '	Video LLC	
	Name of Li	mited Liability Company	
The enclosed Articles	s of Organization and fee(s) a	are submitted for filing.	
Please return all corre	espondence concerning this n	natter to the following:	
Marc Bo	MACON TO THE PROPERTY OF THE P	· ·	
Marc DO	;	Name of Person	
·		· ·	
Thee Be	ginning Photography & Vi	deo LLC	
		Firm/Company	
	,		
199 Brig	htview Dr		
	,	Address	·
	•		
Lake Ma	ry FL 32746		
		City/State and Zip Code	
	,	•	
<u>theebeginning</u> F	vile@yahoo.com E-mail address: (to be use	d for future annual report notific	ation)
For first or informatio			•
For further informatio	n concerning this matter, ple	ase can:	
	!		
Marc Bowen		427) 314-3100	
Nan	ne of Person	Area Code Daytime Te	lephone Number
	•		
Enclosed is a check for	or the following amount:		•
□ \$125.00 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)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is	•	
• • • • •		
Thee Beginning Photography & Video LLO	<u> </u>	<u>in the state of t</u>
(Must end with the words	"Limited Liability Company, "L.L	.C.," or "LLC.")
ARTICLE II - Address:		
The mailing address and street address of the p	rincinal office of the Limited Liabil	lity Company is:
Principal Office Address:	Mailing Address:	
Timerpar Office Address.	THATTIE Addition	
400 P-i-b-i P-		
199 Brightview Dr		
Lake Mary FL 32746		
The name and the Florida street address of the Marc A Bowen	registered agent are.	
÷	Name	
199 Brightview Dr		
	(P.O. Box <u>NOT</u> acceptable)	
Lake Mary	FL 32746	
City	Zip	
i	·	
Having been named as registered agent and to the place designated in this certificate, I her capacity. I further agree to comply with the p of my duties, and I am familiar with and acco	eby accept the appointment as regist rovisions of all statutes relating to th	ered agent and agree to act in this ne proper and complete performance
Men Bm	en	11/7/14
Registered Ager	nt's Signature (REQUIRED)	
(Co	ONTINUED)	

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SECRETARY OF STATE

ARTICLE IV- The name and address of each person aut	thorized to manage and control the Limited Liability Comp	
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGRM	Marc A Bowen	
	199 Brightview Dr	 -
÷ .	Lake Mry FL 32746	
MGR	Michaela A Colendres	
IVIOIX	199 Brightview Dr	
	Lake Mary FL 32746	·
	e esta	
		<u> </u>
		 :
	•	
•		
(Use attachment if necessary) FICLE V: Effective date, if other than the date of the effective date is listed, the date must be spe		
FICLE V: Effective date, if other than the date of	of filing: _1/1/2015 (OPTIONAL) cific and cannot be more than five business days prior to	
FICLE V: Effective date, if other than the date on effective date is listed, the date must be spedate of filing.)	cific and cannot be more than five business days prior to	o or 90 days a
FICLE V: Effective date, if other than the date on effective date is listed, the date must be speciate of filing.) FICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men	mem /// 7 /	o or 90 days a
FICLE V: Effective date, if other than the date on effective date is listed, the date must be speciate of filing.) FICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	cific and cannot be more than five business days prior to	o or 90 days a
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