## L14 060/82072

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ry/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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SECRETARY OF STATE
SECRETARY OF STATE

NOV 25 2014

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Ynot Digital Photography, LLC. 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:
Antonio Pandolfo
Antonio Fandolfo Name of Person
Firm/Company
1073 SE Lansdame Ave.
Port St. Lucie, FL 34983 City/State and Zip Code
Vnotaigital @ att. net  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Antonio Andolfo at Florida Area Code Bl8 6777  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE 1 - Name:** 

The name of the Limited Liability Company is:

Principal Office Addr		ice of the Limited Liability Company is:  Mailing Address:	
	ansdowne Ave		2
POYE ST. LU	cie, Fl 34983	Same Registration of the second secon	
(The Limited Liability another business entity	tered Agent, Registered Office, & Company cannot serve as its own Is with an active Florida registration da street address of the registered	Registered Agent's Signature:	1779
The name and the Fior	a street address of the registered		r T
The name and the Front	Antonio G		en .
The name and the Fior	Antonio G Name	<u>. Pandolfo</u> nsdowne Ave.	<b>₹</b>

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

'AMBR" = Authorized Member 'MGR" = Manager	Name and Address:
INICIA MINIGINA BOL	
N /N ← <b>I</b> <	Antonio G Pandolfo
	Same
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	(7) Liv
	<u> </u>
	For and the state of the state
	الألمان المساوية المساوية
	g: (OPTIONAL) nd cannot be more than five business days prior to or 90
VI: Other provisions, if any.	
REQUIRED SIGNATURE:	0 , 0,
	Pandollo
REQUIRED SIGNATURE:	Pandolfoo or an authorized representative of a member.
Signature of a member of a necordance with section 605.0203	or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document
Signature of a member of a constitutes an affirmation under the period of the constitutes an affirmation under the period of the constitutes an affirmation under the period of the constitutes and affirmation under the period of the constitutes are affirmation under the constitutes are affirmation	or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true.
Signature of a member of a constitutes an affirmation under the per lam aware that any false information	or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true. submitted in a document to the Department of State
Signature of a member of a constitutes an affirmation under the period of the constitutes an affirmation under the period of the constitutes an affirmation under the period of the constitutes and affirmation under the period of the constitutes are affirmation under the constitutes are affirmation	or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true. submitted in a document to the Department of State
Signature of a member of a constitutes an affirmation under the per lam aware that any false information constitutes a third degree felony as pro-	or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true. submitted in a document to the Department of State

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-