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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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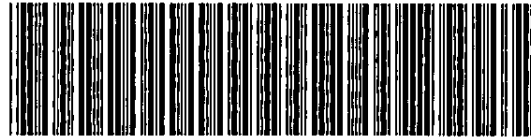
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 DEC -2 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J Shivers DEC 09 2014

**Marsha Harmony
666 Augusta Rd
Winter Haven, FL 33884**

November 24, 2014

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom it may concern,

Enclosed you will find my application for Organization of a Florida Limited Liability Company. You will also find a check in the amount of \$130.00 for Filing Fee and Certificate of Status.

If you need to contact me, I can be reached by phone at 863-514-5196 or by mail at the above listed address or if you prefer you can email me at marshaharmony@gmail.com.

Sincerely,


Marsha E Harmony

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HARMONY REAL ESTATE 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:

MARSHA E. HARMONY
Name of Person

HARMONY REAL ESTATE PHOTOGRAPHY, LLC
Firm/Company

666 AUGUSTA RD
Address

WINTER HAVEN, FL. 33884
City/State and Zip Code

MARSHA HARMONY@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARSHA E. HARMONY at (863) 514-5196
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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

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TALLAHASSEE, FL
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HARMONY REAL ESTATE 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:

666 AUGUSTA RD
WINTER HAVEN, FL
33884

SAME

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:

MARSHAE HARMONY
Name

666 AUGUSTA RD
Florida street address (P.O. Box NOT acceptable)

WINTER HAVEN, FL 33884
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..

M. Marshae Harmony
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

Name and Address:

MGR

MARSHA E. HARMONY
666 AUGUSTA RD
WINTER HAVEN, FL 33884

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1-1-2015 (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:



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.)

MARSHA E. HARMONY

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA