

L15000202503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Effective Date Jan. 01, 2016

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Smith DEC -3 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Purposed Lens 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:

Stephen Leon Phillips

Name of Person

Purposed Lens Photography, LLC

Firm/Company

316 Southern Pecan Circle Unit 207

Address

Winter Garden, Florida 34787

City/State and Zip Code

seedean25@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Leon Phillips

847

693-6815

at ()

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing 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:

Purposed Lens Photography, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

Effective Date Jan. 01, 2016

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

316 Southern Pecan Circle Unit 207

Winter Garden, Florida 34787

Mailing Address:

316 Southern Pecan Circle Unit 207

Winter Garden, Florida 34787

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:

Stephen Leon Phillips

Name

316 Southern Pecan Circle Unit 207

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

Winter Garden

Florida

34787

City

State

Zip

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15 DEC -3 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Stephen L. Phillips

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

AMBR

Winter Garden, Florida 34787

Winter Garden, Florida 34787

Page 2 of 2