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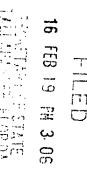
(Requestor's Name)
(Address)
' (Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Edeament Namber)
Certified Copies Certificates of Status
*
Special Instructions to Filing Officer:
Openial manuations to 1 ming officer.

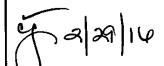
Office Use Only



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COVER LETTER

TO: 1	Registration Section Division of Corporations					
eup rec	Johnny Simmons Photography					
SUBJECT:Name of Limited Liability Company						
The enclo	sed Articles of Organization and fee(s	s) are submitted for filing.				
Please ret	urn all correspondence concerning this	is matter to the following:				
	Johnny Simmons					
		Name of Person				
	Johnny Simmons Photography					
		Firm/Company				
	15590 64th PL N					
		Address				
	Loxahatchee FL, 33470					
	jdsimmonsphotography@yahoo.con	City/State and Zip Code				
		used for future annual report notification)				
For further	information concerning this matter, pl	lease cail:				
	Johnny Simmons	561 201-0225				
	Name of Person	Area Code Daytime Telephone Number				
Enclosed	is a check for the following amount:					
\$125.00 1	Filing Fee \$130.00 Filing Fee & Certificate of Status					
	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:				FII	LEC)
Johnny Simmons Photography LLC.			16	FEB 1	s n	3 06
(Must end with the words "Limite	d Liability Company	"L.L.C.," or "LLC.")	- 47	i (Tiê	YOR	MTATE LOSTDA
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited	Liability Company is:	2 - 14 - 1	ust et "	·, 1	LUN DA
Principal Office Address:		Mailing Address:	:			
15590 64th PL N	1559	0 64th PL N				
13330 0401 L N				_		
Loxahatchee FL, 33470 ARTICLE III - Registered Agent, Registered Office,	Loxa		dual or			
Loxahatchee FL, 33470	Loxa , & Registered Agent n Registered Agent. Von.)	t's Signature:	dual or			
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Loxa , & Registered Agent n Registered Agent. Von.)	t's Signature:	dual or			
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.) The name and the Florida street address of the registere	Loxa , & Registered Agent n Registered Agent. Von.)	t's Signature:	dual or			
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.) The name and the Florida street address of the registere	Loxa , & Registered Agent n Registered Agent. Von.) d agent are:	t's Signature:	dual or			
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration. The name and the Florida street address of the registere Johnny Simmons 15590 64th PL N	Loxa , & Registered Agent n Registered Agent. Von.) d agent are:	t's Signature: You must designate an indivi	dual or			
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration. The name and the Florida street address of the registere Johnny Simmons 15590 64th PL N	Loxa , & Registered Agent n Registered Agent. Youn.) d agent are: Name	t's Signature: You must designate an indivi	dual or			

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Mem	Name and Address:
"MGR" = Manager	
MGR	Johnny Simmons
	15590 64th PL N
	Loxahatchee FL 33470
	
•	
(Use attachment if necessary)	
LE V: Effective date, if other the	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 day
of filing.)	e specific and cannot be more than five business days prior to or 50 day
	not meet the applicable statutory filing requirements, this date will not be lent of State's records.
LE VI: Other provisions, if any	

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Johnny Simmons

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)

Page 2 of 2

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