115000043552

| (Requesto | 's Name) |
|----------------------------------|------------------------|
| | |
| (Address) | |
| | |
| (Address) | |
| | |
| (City/State | /Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| | |
| (Business | Entity Name) |
| | |
| (Document | Number) |
| | |
| Certified Copies | Certificates of Status |
| | |
| Special Instructions to Filing C | Officer: |
| • | |
| | |
| | |
| | |
| | |
| | |
| ! ! | |

Office Use Only



200282441092

02/25/16--01016--019 **130.00

THE ED

16 FEB 25 PH I: 50

SECRETARY OF STATE

TALLAHASSEE. FLORID.

030416

COVER LETTER

| то: | Registration Section Division of Corporations |
|-------------------|--|
| SUBJE | Pawparazzi Pet Photography, LLC |
| SUBJE | Name of Limited Liability Company |
| The end | closed Articles of Organization and fee(s) are submitted for filing. |
| Please | return all correspondence concerning this matter to the following: |
| | Nicole Krantz |
| | Name of Person |
| | Pawparazzi Pet Photography, LLC |
| | Firm/Company |
| | 308 67th Street Northeast |
| | Address |
| | Bradenton, Florida 34208 |
| | City/State and Zip Code pawparazzi941@gmail.com |
| | E-mail address: (to be used for future annual report notification) |
| For furth | er information concerning this matter, please call: |
| | Nicole Krantz at 941 405 - 61041 Name of Person Area Code Daytime Telephone Number |
| Enclose | d is a check for the following amount: |
|] \$125.06 | Siling Fee \$\frac{1}{2}\$\$ \$\$130.00 Filing Fee \$\frac{1}{2}\$\$ \$\$155.00 Filing Fee \$\frac{1}{2}\$\$ \$\$Certificate of Status \$\frac{1}{2}\$\$ (additional copy is enclosed) \$\$160.00 Filing Fee, Certificate of Status \$\frac{1}{2}\$\$ Certified Copy (additional copy is enclosed) |
| | Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE II - Address: | ith the words "Limited Liabilit | | |
|--|---|---|--------|
| | | y Company, "L.L.C.," or "LLC.") | |
| ne manning address and street add | iress of the principal office of t | the Limited Liability Company is: | |
| <u>Principal</u> | l Office Address: | Mailing Address: | |
| 308 67th S | treet Northeast | 308 67th Street Northeast | |
| Bradentor | n, FL 34208 | Bradenton, FL 34208 | _ |
| he Limited Liability Company co other business entity with an act | cannot serve as its own Register stive Florida registration.) ddress of the registered agent an | red Agent. You must designate an individual or | . SEC |
| The Limited Liability Company con nother business entity with an act | annot serve as its own Register tive Florida registration.) ddress of the registered agent at Nicole 1 Name | red Agent. You must designate an individual or re: M. Krantz AAA SS | FEB 25 |
| RTICLE III - Registered Agen The Limited Liability Company conother business entity with an act The name and the Florida street ad | cannot serve as its own Register stive Florida registration.) ddress of the registered agent at Nicole 1 | red Agent. You must designate an individual or re: M. Krantz AAA SS | FEB 25 |
| The Limited Liability Company con nother business entity with an act | cannot serve as its own Register stive Florida registration.) Iddress of the registered agent at Nicole 1 Name 308 67th Stre | red Agent. You must designate an individual or re: M. Krantz Pet Northeast Box NOT acceptable) | FEB 25 |

(CONTINUED)

Page 1 of 2

| Title: "AMBR" = Authorized Member | Name and Address: |
|---|---|
| "MGR" = Manager AMBR | Nicole Kvantz |
| | Bradenton Fz. 34208 |
| | - no other members- |
| | |
| · | ERE BANGER |
| | |
| (Use attachment if necessary) | F STAT |
| CLE V: Effective date, if other than the date of filing: | (OPTIONAL) |
| | |
| ffective date is listed, the date must be specific and e of filing.) If the date inserted in this block does not meet the a | cannot be more than five business days prior to or 90 days |
| effective date is listed, the date must be specific and e of filing.) If the date inserted in this block does not meet the accument's effective date on the Department of State's | cannot be more than five business days prior to or 90 days |
| effective date is listed, the date must be specific and e of filing.) If the date inserted in this block does not meet the accument's effective date on the Department of State's | t cannot be more than five business days prior to or 90 days applicable statutory filing requirements, this date will not be list records. |
| effective date is listed, the date must be specific and e of filing.) If the date inserted in this block does not meet the a cument's effective date on the Department of State's CLE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member or This document is executed in accordance. | an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. tion submitted in a document to the Department of State |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)