L16000045938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 FEB 29 AM 10:30
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Wise Images Photography LLC.

Kathryn Wise

17415 Raintree Ct.

Montverde, Florida 34756

407-680-7139

kt-wise@comcast.net

February 25, 2016

New Filing Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

850-245-6052

Dear Florida Department of State,

Please find my articles of organization for your consideration. If you have any questions or I need to take further steps, please contact me at 407-680-7139. Thank you so much for your help in this matter. Have a wonderful day!

Sincerely,

Kathryn Wise

Kathryn Wise

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wise Images 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:

Kathryn Wise
Name of Person

Wise Images Photography LLC.
Firm/Company

17415 Raintree Ct.
Address

Montverde, Florida 34756
City/State and Zip Code

kt-wise@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathryn Wise at (407) 680-7139
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- [x] $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:

Wise Images 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:**
17415 Raintree Ct.	17415 Raintree Ct.
Montverde, Florida 34756	Montverde, Florida 34756

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:

Kathryn Wise
Name

17415 Raintree Ct.
Florida street address (P.O. Box **NOT** acceptable)

Montverde	Florida	34756
City	State	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..

Kathryn Wise
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATIONS
16 FEB 29 AM 10: 30

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:**
AMBR	Kathryn Wise 17415 Raintree Ct. Montverde, Florida 34756

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Kathryn Wise

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.

Kathryn Wise
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)