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(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(City/Clate/21p/ Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



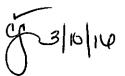


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SUPPRESENCY OF FILTING

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COVER LETTER

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16 MAR 10 AM 10: 35 TO: Registration Section **Division of Corporations** The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Caroline Carson Boccaccio Firm/Company E-mail address: (to be used for future annual report notification) For further information concerning this across, please call:

Mailing Address.

Enclosed is a check for the following amount:

\$125.00 Filing Fee

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

\$130,00 Filing Fee & Certificate of Status

Street Address

\$155.00 Filing Fee &

 Certified Copy (additional copy is enclosed)

> New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

\$160.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED MABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 MAR 10 AM 10: 35

Caroline Carson Photography L (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:

2792 Summer Meadow Dr. Tallahassee FL 32303

2792 Summer Meadow Dr. Tallahassee, FL 32303

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:

Caroline Boccaccio

2792 Summer Meadow Dr. Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32303
City State Zip

Having been named as registered again and to accept service of process for the above stated limited liability company at the place designated in this vertificate, I but eby accept the appointment as registered agent and agree to act in this repacity. further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, to at I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

(CONTINUED)

Page 1 of 2

Caroline Boccaccio
Registered Agent's Signature (REQUIRED)



16 MAR 10 AM 10: 35 ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: SECHETALL US SHA TALLAHASSEF SLOR Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR Caroline Carson Boccaccio 2792 Summer Meadow Dr. Tallahassee, FL 32303 (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: Boccaccio 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.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Caroline Boccaccio
Typed or printed name of signee

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)