

L16000047715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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16 MAR 10 AM 10:27  
SUFFICIENCY OF FILING

APPROVED  
AND  
FILED  
16 MAR 10 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

3/10/16



COVER LETTER

APPROVED  
AND  
FILED

16 MAR 10 AM 10:35

TO: Registration Section  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: Caroline Carson 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:

Caroline Carson Boccaccio

Name of Person

Firm/Company

2792 Summer Meadow Dr.

Address

Tallahassee, FL 32303

City/State and Zip Code

caroline ~~carson~~ photography@gmail.com

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

For further information concerning this matter, please call:

Caroline

Name of Person

050

Area Code

294-6483

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

APPROVED  
AND  
FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 MAR 10 AM 10:35

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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  
Name

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

Tallahassee, FL 32303  
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.*

Caroline Boccaccio  
Registered Agent's Signature (REQUIRED)

(CONTINUED)



APPROVED  
AND  
FILED

ARTICLE IV-

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

16 MAR 10 AM 10:35

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AmBR

Name and Address:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Caroline 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.

Caroline Boccaccio

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)