

L/6000/07886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

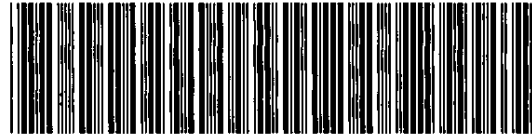
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/31/16--01024--005 **125.00

FILED
SECRETARY OF STATE
JUL 1 2016
16 JUL 01 PM 3:30

06/06/16

THOMAS SCHMUKI PHOTOGRAPHY

thomas.e.photography@gmail.com
11111 Heron Bay Blvd. Apartment 4815
Coral Springs FL 33076
954-439-1999
954-283-7544

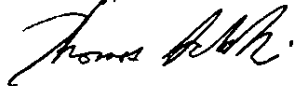
May 24, 2016

Florida Department of State
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
850-245-6052

Dear Sir/Madame:

Thank you for expediting the processing of my corporate LLC filing. If you have any questions, my contact information is contained in this cover letter.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas Schmuki", written in a cursive style.

Thomas Schmuki

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Thomas Schmuki 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:

11111 Heron Bay Boulevard Apartment 4815
Coral Springs FL 33076

Mailing Address:

11111 Heron Bay Boulevard Apartment 481
Coral Springs FL 33076

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:

Thomas Eugene Schmuki

Name

11111 Heron Bay Boulevard Apartment 4815

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

Coral Springs

Florid

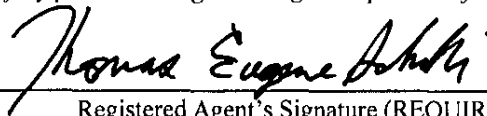
33076

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Thomas Eugene Schmuki

11111 Heron Bay Blvd Apartment 4815

Coral Springs, Florida 3076

(Use attachment if necessary)

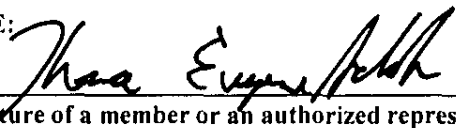
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

Thomas Eugene Schmuki

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)

FILED
RECEIVED
16 MAY 31 PM 3:30
CORAL SPRINGS
FLORIDA