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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #))
PICK-UP	WAIT	MAIL
(Bı	usiness Entity Name)	
(Di	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	Rebecca Trim Photography	LLC	
SUBJEC		ne of Limited Liability Company	
The enclo	osed Articles of Organization and	fee(s) are submitted for filing.	
Please re	turn all correspondence concernin	g this matter to the following:	
	Rebecca Trimarchi	-	بر چې ژ
		•	SEP 20
		Firm/Company	
	20895 SW 210 ST		7: 1:2
		Address	, 1 🕶
	Miami, FL 33187		
	teamtrim2@gmail.com	City/State and Zip Code	
	E-mail address: (to	be used for future annual report notification)	•
For further	information concerning this matt	er, please call:	
	Rebecca Trimarchi	305 484-4751 at ()	
	Name of Person	Area Code Daytime Telephone Number	
Enclosed	is a check for the following amou	int:	
\$125.00	Filing Fee \$130.00 Filing Certificate of S		
	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

Neuceta i IIII	Photography LLC			
(Mus	st end with the words "Limit	ed Liability Company	, "L.L.C.," or "LLC.")	<u> </u>
ARTICLE II - Address:				
The mailing address and st	treet address of the principal	office of the Limited	Liability Company is:	
<u>P</u> 1	rincipal Office Address:		Mailing Address:	
20895 SW 210) ST	2089	95 SW 210 ST	
Miami, FL			mi, FL	
33187		3318	37	
he name and the Florida	street address of the register Rebecca Trimarchi	<u> </u>		
		Name		
	20895 SW 210 ST			
	Florida street addr	ress (P.O. Box <u>NOT</u> a	cceptable)	
	Miomi	Pi	33187	
	[VII amii	FL	22101	
zving been named as regis	Miami City stered agent and to accept se	State	Zip	ompany at the
lace designated in this cert irther agree to comply with	City stered agent and to accept se ificate, I hereby accept the ap ithe provisions of all statutes the obligations of my positic	State rvice of process for the ppointment as register s relating to the proper on as registered agent	Zip e above stated limited liability c ed agent and agree to act in thi and complete performance of as provided for in Chapter 605.	s capacity. I my duties, and I
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Title:		Name and Address:	
	uthorized Member		
'MGR" = Mai MGR	•	Rebecca Trimarchi	
MOK		20895 SW 210 ST	
		Miami, FL 33187	
			,
		 	
		-	
V: Effective ctive date is li	isted, the date must be spe	of filing: October 1, 2016 . (OPTIONAL) ecific and cannot be more than five business days prior to	or 90
EV: Effective ctive date is lift filing.) the date insert	e date, if other than the date of isted, the date must be spe	ecific and cannot be more than five business days prior to neet the applicable statutory filing requirements, this date w	or 90
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