

## Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

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## FLORIDA LIMITED LIABILITY CO. MIAMI PHOTO PRINT, LLC

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## ARTICLES OF ORGANIZATION FOR

ARTICLE I - Name: The hame of the Limited Liability Company is: (Musi and with the words "Limited Liability Company" LLC." or "LC.")	<b>,</b>
MIAMI PHOTO PRINT, LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 6751 NW 107 CT, DORAL, FL, 33178	у
ARTICLE III - Registered Agent, Registered Office:  The name and the Florida street address of the registered agent are: (The Limited Liabili Company cannot serve as its own Registered Agent. You must designate an individual or another business en with an active Florida registration.)  Francesco Medici  6751 NW 107 CT  Doral FL 33178	ity city
ARTICLE IV- The name and title of each person authorized to manage and control the Limited Liability Company:  PUBEN ARMANDO GROSS (AMBR)  FRANCESCO MEDICI (AMBR)	17 M/R 21 PM 4: 10

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## Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (1). Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Typed or printed name of signee

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)

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