

# L18000018223

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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N CULLIGAN

JAN 23 2018

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: RED DRAGON PHOTOGRAPHY  
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:

VICTOR A. RUIZ  
Name of Person

RED DRAGON PHOTOGRAPHY  
Firm/Company

5554 Willow Bend Trail  
Address

KISSIMMEE, FL 34758  
City/State and Zip Code

VNLUK11@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VICTOR A. RUIZ at ( 407 ) 749-6535  
Name of Person Area Code 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) CHK 125

**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



2018 JAN 22 PM 2:52

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 9, 2018

VICTOR A RUIZ  
5554 WILLOW BEND TRAIL  
KISSIMMEE, FL 34758

SUBJECT: RED DRAGON PHOTOGRAPHY  
Ref. Number: W18000002129

We have received your document for RED DRAGON PHOTOGRAPHY and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 718A00000530

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RED DRAGON PHOTOGRAPHY L.L.C.  
(Must contain 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:

5554 WILLOW BEND TRAIL  
KISSIMMEE, FL 34758

5554 WILLOW BEND TRAIL  
KISSIMMEE, FL 34758

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:

NICOLE RUIZ  
Name  
5554 WILLOW BEND TRAIL  
Florida street address (P.O. Box **NOT** acceptable)  
KISSIMMEE, FL 34758  
City State Zip

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CLERK OF DISTRICT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE SEVENTH JUDICIAL CIRCUIT  
IN FLORIDA  
TALLAHASSEE, FLORIDA

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..

Nicole Ruiz

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

MR VICTOR A. RUIZ

MGR.

**Name and Address:**

MR  
~~5554 Willow~~

VICTOR A. RUIZ  
5554 Willow Bend Trail  
KISSIMEE, FL. 34758

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 1/3/2018 (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.

VICTOR A. RUIZ

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)

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18 JAN 22 AM 11:45