## L18'000076

(Re	questor's Name)	<u>-</u>
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<del> </del>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		,

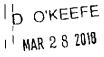
Office Use Only



800310439978

03/29/18--01007--005 \*\*130.00

Ø.



COVER LETTER	1
TO: New Filing Section Division of Corporations	
Cristina Hojara Photography SUBJECT:	
Name of Limited Liability Co	ompany
The enclosed Articles of Organization and fee(s) are submitted for f	iling.
Please return all correspondence concerning this matter to the follow	ving:
Cristina Hojara	
Name of Person	on
Firm/Compar	ıy ⊃‰ ⇒
13499 La Mirada Circle	CAE LLAH
Address	ASS:
Wellington, FL 33414	MAR 20 AH
City/State and Zip CristinaL15@aol.com	
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter, please call:	
Cristina Hojara 561 72	3-6068
Name of Person Area Code D	aytime Telephone Number
Enclosed is a check for the following amount:  \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status  Certified Co (additional co)	
New Filing Section New Division of Corporations Division of Corporations P.O. Box 6327 Clift Tallahassee, FL 32314 2661	et Address Filing Section sion of Corporations on Building Executive Center Circle ahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	inhilim Communica			
The name of the Limited L				
	Photography, LLC		1 1	
(Musi	t contain the words "Limited Lia	ibility Company, "L.	L.C.," or "ELC.")	
ARTICLE II - Address:	reet address of the principal offic	ce of the Limited Lia	hility Company is:	
_	incipal Office Address:	ye or the Billined Blu	Mailing Addres	s:
				E-
13499 La Mirac			a Mirada Circle	<del></del>
Wellington, FL	33414	<u>Welling</u>	ton, Fl. 33414	
(The Limited Liability Con	d Agent, Registered Office, & npany cannot serve as its own Re h an active Florida registration.)	egistered Agent. You		idual or
The name and the Florida s	treet address of the registered ag	gent are:		
	Cristina Hojara			
		Vame		
	13499 La Mirada Circle	<b>.</b>		
	Florida street address (I		otable)	
	Wellington, FL 33414			
	City	State	Zip	
lace designated in this certif orther agree to comply with	ered agent and to accept service ficate, I hereby accept the appoin the provisions of all statutes relat the obligations of my position as	itment as registered a ting to the proper and	gent and agree to act in l I complete performance o	this capacity. I of my duties, and .
	Cristine	Hojan ed Agent's Signature	(REQUIRED)	
	(	CONTINUED)		
			l	<b>18</b> Տեն Մ <b>A</b> LL

MAR 20 AH 8: 13

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Colorina III i n	
Director	Cristina Hojara   13499 La Mirada Circle	<del></del>
	Wellington, FL 33414	
	· · · · · · · · · · · · · · · · · · ·	
	<del></del>	
		<del></del>
		<del>-</del>
ective date is listed, the date must be spe	of filing: 02/14/201¶ (OPTIONAL) of filing: 02/14/201¶ (OPTIONAL)	
EV: Effective date, if other than the date of active date is listed, the date must be speof filing.) If the date inserted in this block does not m	cific and cannot be more than five business days prior to ect the applicable statutory filing requirements, this date w	or 90 da
EV: Effective date, if other than the date of fective date is listed, the date must be speof filing.)	cific and cannot be more than five business days prior to ect the applicable statutory filing requirements, this date w	or 90 da
EV: Effective date, if other than the date of ective date is listed, the date must be speof filing.) If the date inserted in this block does not moment's effective date on the Department of	cific and cannot be more than five business days prior to ect the applicable statutory filing requirements, this date w	or 90 da
EV: Effective date, if other than the date of fective date is listed, the date must be specifiling.) If the date inserted in this block does not manner is effective date on the Department of	cific and cannot be more than five business days prior to ect the applicable statutory filing requirements, this date w	or 90 da
EV: Effective date, if other than the date of fective date is listed, the date must be specifiling.) If the date inserted in this block does not manner is effective date on the Department of	cific and cannot be more than five business days prior to ect the applicable statutory filing requirements, this date w	or 90 da
LE V: Effective date, if other than the date of fective date is listed, the date must be specifiling.) If the date inserted in this block does not manent's effective date on the Department of LE VI: Other provisions, if any.  REOURED SIGNATURE:	cific and cannot be more than five business days prior to ect the applicable statutory filing requirements, this date w	or 90 da
EV: Effective date, if other than the date of fective date is listed, the date must be specifiling.) If the date inserted in this block does not moment's effective date on the Department of EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a menute of a menute of the second of the document is executed.	ect the applicable statutory filing requirements, this date we feature is records.  The state is records.  The state is records.  The state is records.  The state is record and authorized representative of a member. and in accordance with section 605.0203 (1) (b), Florida State is recorded in accordance with section 605.0203 (1) (b), Florida State is recorded in accordance with section 605.0203 (1) (b), Florida State is recorded in accordance with section 605.0203 (1) (b), Florida State is recorded in accordance with section 605.0203 (1) (b), Florida State is recorded in accordance with section 605.0203 (1) (b), Florida State is recorded in accordance with section 605.0203 (1) (b), Florida State is recorded in accordance with section 605.0203 (1) (b), Florida State is recorded in accordance with section 605.0203 (1) (b), Florida State is recorded in accordance with section 605.0203 (1) (b), Florida State is recorded in accordance with section 605.0203 (1) (b), Florida State is recorded in accordance with section 605.0203 (1) (b), Florida State is recorded in accordance with section 605.0203 (1) (b), Florida State is recorded in accordance with section 605.0203 (1) (b), Florida State is recorded in accordance with section 605.0203 (1) (b), Florida State is recorded in accordance with section 605.0203 (1) (b), Florida State is recorded in accordance with section 605.0203 (1) (b), Florida State is recorded in accordance with section 605.0203 (1) (b), Florida State is recorded in accordance with section 605.0203 (1) (b), Florida State is recorded in accordance with section 605.0203 (1) (b), Florida State is recorded in accordance with section 605.0203 (1) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	or 90 da
EV: Effective date, if other than the date of ective date is listed, the date must be spen of filing.)  The date inserted in this block does not moment's effective date on the Department of EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a men This document is executed I am aware that any false	ect the applicable statutory filing requirements, this date we f State's records.	or 90 da
EV: Effective date, if other than the date of ective date is listed, the date must be spend filing.)  The date inserted in this block does not moment's effective date on the Department of the EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a menual management of the document is executed I am aware that any false constitutes a third degree	nber or an authorized representative of a member.  In a coordance with section 605.0203 (1) (b), Florida Statinformation submitted in a document to felony as provided for in s.817.155, F.S.	or 90 da
EV: Effective date, if other than the date of filing.) If the date inserted in this block does not moment's effective date on the Department of the VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a menute of the document is executed a manual and palse.	nber or an authorized representative of a member.  In a coordance with section 605.0203 (1) (b), Florida Statinformation submitted in a document to felony as provided for in s.817.155, F.S.	or 90 da

1.1