

L20000062311

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TO: New Filing Section  
Division of Corporations

SUBJECT: SNAP H PIX BOOTH LLC  
Name of Limited Liability Company

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The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHELENE TALEGRAND

Name of Person

SNAP H PIX BOOTH LLC

Firm/Company

5950 OKEECHOBEE BLVD

Address

WEST PALM BEACH, FL 33417

City/State and Zip Code

SNAPHPIXBOOTH@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHELENE 561 351-9260  
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)

Mailing Address

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SNAP H PIX BOOTH LLC

(Must contain the words "Limited Liability Company," "LLC," or "LLC")

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CONFIDENTIAL  
FILES

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

5950 OKEECHOBEE BLVD  
WEST PALM BEACH, FL 33417

5950 OKEECHOBEE BLVD  
WEST PALM BEACH, FL 33417

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:

BAPTISTE CONSULTING LLC

Name

1521 DISSTON STREET

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

<u>TALLAHASSEE</u>	<u>FL</u>	<u>32310</u>
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:

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Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

BAEPRENEUR LLC  
5950 OKEECHOBEE BLVD  
WEST PALM BEACH, FL 33417

MGR

ATLANTIC COMPASS HOLDINGS LLC  
1521 DISSTON ST.  
TALLAHASSEE, FL 32310

(Use attachment if necessary)

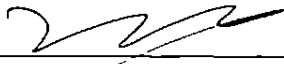
ARTICLE V: Effective date, if other than the date of filing: 02/01/2020 (OPTIONAL)

(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.)

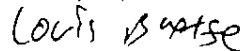
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.



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)

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Jose A. Esparza  
Deputy Secretary of State

## Office of the Secretary of State

### CERTIFICATE OF FILING OF

ATLANTIC COMPASS HOLDINGS LLC  
File Number: 803375790

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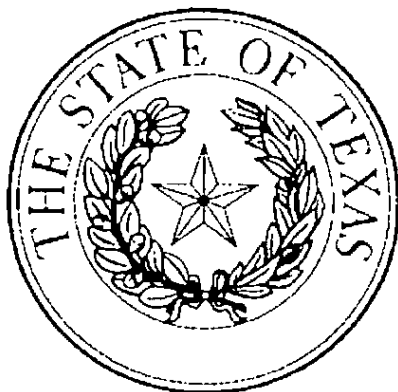
The undersigned, as Deputy Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Limited Liability Company (LLC) has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Deputy Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 07/23/2019

Effective: 07/24/2019



A handwritten signature in black ink, appearing to be "JE", followed by a long horizontal line.

Jose A. Esparza  
Deputy Secretary of State

*Come visit us on the internet at <https://www.sos.texas.gov>*

Phone: (512) 463-5555  
Prepared by: Elizabeth "Annie" Denton

Fax: (512) 463-5709  
TID: 10306

Dial: 7-1-1 for Relay Services  
Document: 902468790002