## LZ100161573

Office Use Only



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## **COVER LETTER**

	New Filing Sec Division of Cor							
SUBJEC	KKW Phot	o, LLC						
SOBJEC			Name of Lim	ited Liabi	lity Company		-	
The enclo	sed Articles of	Organization a	and fee(s) are	submitted	I for filing.			
Please rett	urn all correspo	ondence concer	ming this ma	tter to the	following:			
	Kerri K. Wa	lker						
			-	Name of	Person			
	KKW Photo	.LLC						
				Firm/Co	отрапу		-	<del></del>
	-2118 Village	Hame KW	2018	<i>\',\\</i>	age Lane		_	<u>.</u>
				Addi	ess		,	<b>~</b> 3
	Fernandina I	Beach, FL 3200	34				;	2021 計部
	kkwalker98@	omail com	Ci	ty/State ar	nd Zip Code		i. V.,	
		<del>-</del>	(to be used	for future	annual report notificati	ion)	117	<del></del>
For further	information co	ncerning this n	natter, please	call:			:	PH 2:
	Kerri K. Wal	ker	9() at (	4	556-5350		1	=
	Nam	e of Person		ea Code	Daytime Telephon	e Number	_	
Enclosed i	is a check for th	ne following ar	nount:					
□\$125.00	0 Filing Fee	■\$130.00 F Certificate o		Certif	5.00 Filing Fee & led Copy al copy is enclosed)	□\$160.00 Certificat Certified (additional)	e of Stati Copy	ıs &
	New F Division	g Address iling Section on of Corporati ox 6327	ons		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree	issec		

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

KKW Photo, L			
(Mus	t contain the words "Limited Lia	ibility Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and st	reet address of the principal offic	ce of the Limited	Liability Company is:
<u>Pr</u>	incipal Office Address:		Mailing Address:
	mekw 2018 Village L	<u>a</u> ne -214	Willage Lane KW 2018 Village La
ARTICLE III - Registere	d Agent, Registered Office, &	Registered Age	
ARTICLE III - Registere The Limited Liability Con mother business entity wit	d Agent, Registered Office, &	Registered Agent.	
ARTICLE III - Registere The Limited Liability Con mother business entity wit	d Agent, Registered Office, & apany cannot serve as its own Reh an active Florida registration.) street address of the registered ag	Registered Agelegistered Agent.	nt's Signature:
ARTICLE III - Registere The Limited Liability Con mother business entity wit	d Agent, Registered Office, & apany cannot serve as its own Reh an active Florida registration.) street address of the registered ag	Registered Agent.	nt's Signature:
ARTICLE III - Registere The Limited Liability Con mother business entity wit	d Agent, Registered Office, & apany cannot serve as its own Reh an active Florida registration.) street address of the registered ag	Registered Agelegistered Agent.	nt's Signature: You must designate an individual or
ARTICLE III - Registere The Limited Liability Con mother business entity wit	d Agent, Registered Office, & apany cannot serve as its own Reh an active Florida registration.) street address of the registered ag	Registered Agelegistered Agent.  gent are:  Vame  2018	nt's Signature: You must designate an individual or  /:\\age_Lane
ARTICLE III - Registere The Limited Liability Con mother business entity wit	d Agent, Registered Office, & apany cannot serve as its own Reh an active Florida registration.)  street address of the registered as Kerri K. Walker	Registered Agelegistered Agent.  gent are:  Vame  2018	nt's Signature: You must designate an individual or  /:\\age_Lane

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:

"AMBR" = Manager  AMBR  Kerri K. Walker  218 Villege Lane  COPTIONAL)  (Use attachment if necessary)  (Use attachment if necessary)  (Use attachment if necessary)  (CLE V: Effective date, if other than the date of filing: (Date of Filing)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days are of filing).  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list occument's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REOUIRED 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 filia information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.    Kerri K. Walker		
(Use attachment if necessary)  (Use attachment if necessary)  (CLE V: Effective date, if other than the date of filing: (Date of Filing) (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days ate of filing.)  if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list occument's effective date on the Department of State's records.  CLE 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 650,203 (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.    Signature of a member of signee   Filing Fees:		
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing: (Date of Filing) (OPTIONAL)  effective date, if other than the date of filing: (Date of Filing) (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days: te of filing).  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list occurrent's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REOUIRED 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.    Xexi   Col Yes   Typed or printed name of signee	-	Karri K. Wallian
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing: (Date of Filing) (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days: te of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list cument's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REOUIRED 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.  Figure Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional)	AMDK	2118 Village Lane 2018 Village Lane
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing: (Date of Filing)		Fernandina Beach, FL 32034
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing: (Date of Filing) (OPTIONAL)  ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days: e of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listenent's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REOUIRED 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.  Kern Wolfer  Typed or printed name of signee  Filing Fees:  S 30.00 Certified Copy (Optional)		
(Use attachment if necessary)  (Use attachment if necessary)  (Use attachment if necessary)  (Use attachment if necessary)  (Date of Filing) (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (Rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days: e of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list unent's effective date on the Department of State's records.  (LE VI: Other provisions, if any.  (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.  (SECTIONAL)  (OPTIONAL)  (O	<del></del>	
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CLE V: Effective date, if other than the date of filing: (Date of Filing)		
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