To: 1850617638	Page: 2 of 4 2021-04-27/01:27:14 GMT Division of Contarations Division of Corporations Electronic Filing Cover Sheet
	Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.
	(((H21000167725 3)))
	H210001677253ABC+
	Hundrid Handling Hand
	To: Division of Corporations Fax Number : (850)617-6381
	From: Account Name : EXPRESS CORPORATE FILING SERVICE INC. Account Number : 120000000146 Phone : (305)444-4994 Fax Number : (305)444-4977
	<pre>**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**</pre>
	Email Address:
	REAL VIEW PHOTOGRAPHY LLC
	Certificate of Status
	Certified Copy0Page Count03Estimated Charge\$125.00
	Estimated Charge \$125.00
	Λ[

Electronic Filing Menu

Corporate Filing Menu

Help

ł

Page: 3 of 4

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

## REAL VIEW PHOTOGRAPHY LLC

(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 Offi	<u>ce Address</u> :		Mailing Address:			
9941 SW 38 ST						
MIAMI, FL 33165	·····	<u>SA</u>	ME			
ARTICLE H1 - Registered Agent, Ro (The Limited Liability Company canno another business entity with an active l The name and the Florida street addres	t serve as its owr Florida registratic	r Registered Agent on.)	ent's Signature: . You must designate an individual o		2021 APR 27 A	
AM	AURY CRUZ			•	٨Ħ	- F
		Name		52.)≂	8	$\cup$
994	1 SW 38 ST			3, 3,	53	
Flo	rida street addres	ss (P.O. Box <u>NOT</u>	acceptable)			
<u>MI</u> /	MI	FL	33165			
	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)

Page: 4 of 4

#### ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
MGR	AMAURY CRUZ 9941 SW 38 ST MIAMI, FL 33165		
		·····	2021 \$
MGR	LISBEY LUISA RAMIREZ 9950 SW 156 TERRACE MIAMI, FL 33157		PR 2
		  ا	
			i an C
			្រី

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_\_\_, (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.)

<u>Note:</u> 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 the 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. AMAURY CRUZ 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 5.00 Certificate of Status (Optional)