## L23000214742

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |

Office Use Only



900406290259

04/11/15--01004--007 ••125.00

FALL Act SST 1 TORID.

COCO APIC 11 PI 7: 55



## **COVER LETTER**

|                | lew Filing Sec<br>Pivision of Co |  |                    |  |   |
|----------------|----------------------------------|--|--------------------|--|---|
| SUBJECT        |                                  | H ARRISON PHOT   | OGRAPHY LLC        |  |   |
| SOBJECT        | ·                                | Name   | of Limited Liabi   | lity Company   |   |
| The enclos     | sed Articles of                  | Organization and fe  | e(s) are submitted | i for filing.  |   |
| Please retu    | ırn all corresp                  | ondence concerning   | this matter to the | following:   |   |
|                | KENNETH                          | ARRISON  |                    |  |   |
|                | -                                |  | Name o             | f Person   | <del></del>   |
|                | KENNETH                          | ARRISON PHOTO  | GRAPHY LLC         |  |   |
|                |                                  | <u></u>  | Firm/Co            | ompany   |   |
|                | 1470 NE 12                       | 5TH TER. #905  |                    |  |   |
|                |                                  | '  | Add                | ress   | <del></del>   |
|                | NORTH MI                         | AMI, FL 33161  |                    |  |   |
|                | KENNETHA                         | RRISONPHOTO@   | City/State ar      | nd Zip Code  |   |
| •              |                                  | <del> </del>   |                    | annual report notificat  | ion)  |
| For further in | nformation co                    | ncerning this matter   | , please call:     |  |   |
|                | KENNETH.                         | ARRISON  | 727<br>at (        | 742-5362   |   |
|                | Nam                              | e of Person  | Area Code          | Daytime Telephon   | e Number  |
| Enclosed is    | s a check for t                  | he following amount  | ı:                 |  |   |
| ≣\$125.00      | Filing Fee                       | □\$130.00 Filing<br>Certificate of Sta   | tus Certif         | 5.00 Filing Fee & ied Copy al copy is enclosed)  | ☐\$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                | New F<br>Divisio<br>P.O. B       | g Address<br>iling Section<br>on of Corporations<br>ox 6327<br>assee, FL 32314 |                    | Street Address New Filing Section D The Centre of Tallah: 2415 N. Monroe Stre Tallahassee, FL 3230 | assee<br>et, Suite 810  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| KENNETH ARRISON PHOTOGRAPHY LLC   |  |
|---|--|
| (Must contain the words "Limited Liab   | oility Company, "L.L.C.," or "LLC.")   |
| nailing address and street address of the principal office                            | e of the Limited Liability Company is: |
| mailing address and street address of the principal office  Principal Office Address: | , , ,                                  |
| Principal Office Address:   | Mailing Address:                       |
|   | , , ,                                  |
| Principal Office Address:   | Mailing Address                        |

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:

| KENNETH ARRISO         | N               |            |
|------------------------|-----------------|------------|
|                        | Name            |            |
| 1470 NE 125TH TER      | . #905          |            |
| Florida street address | (P.O. Box NOT a | cceptable) |
| NORTH MIAMI            | FI.             | 33161      |
| 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:

| Is attachment if necessary)  V: Effective date, if other than the date of filing: 04/01/2023 (OPTIONAL) ive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  e date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED 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.  | ARRONN A J. 1 LI   | Name and Address;   |
|---|--|---|
| AMBR  KENNETH ARRISON 1470 NE 125TH TER. #905 NORTH MIAMI. FL 33161  V: Effective date, if other than the date of filing: 04/01/2023 (OPTIONAL) (OPTIONAL) (OPTIONAL) (ive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  de date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED 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. |  | Member  |
| Ise attachment if necessary)  V: Effective date, if other than the date of filing: 04/01/2023 (OPTIONAL) dive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  e date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EQUIRED 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.  | MGR" = Manager   |   |
| NORTH MIAMI. FL 33161  V: Effective date, if other than the date of filing: 04/01/2023 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  e date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EQUIRED 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.   | AMBR   |   |
| V: Effective date, if other than the date of filing: 04/01/2023 (OPTIONAL) ive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  e date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED 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.   |  |   |
| V: Effective date, if other than the date of filing: 04/01/2023 (OPTIONAL) (OPTIONAL) (ive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) e date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED 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.  |  | NORTH MIAMI. FL 33161   |
| V: Effective date, if other than the date of filing: 04/01/2023 (OPTIONAL) (OPTIONAL) (ive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) e date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED 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.  |  |   |
| V: Effective date, if other than the date of filing: 04/01/2023 (OPTIONAL) (OPTIONAL) (ive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) e date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED 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.  |  |   |
| V: Effective date, if other than the date of filing: 04/01/2023   |  |   |
| V: Effective date, if other than the date of filing: 04/01/2023 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) e date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED 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.  |  |   |
| V: Effective date, if other than the date of filing: 04/01/2023 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) e date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED 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.  |  |   |
| V: Effective date, if other than the date of filing: 04/01/2023 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) e date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED 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.  |  |   |
| V: Effective date, if other than the date of filing: 04/01/2023 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) e date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED 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.  |  |   |
| V: Effective date, if other than the date of filing: 04/01/2023 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  e date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED 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.  |  |   |
| V: Effective date, if other than the date of filing: 04/01/2023 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  e date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED 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.  |  |   |
| V: Effective date, if other than the date of filing: 04/01/2023 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  e date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED 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.  |  |   |
| V: Effective date, if other than the date of filing: 04/01/2023 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  e date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED 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.  |  |   |
| V: Effective date, if other than the date of filing: 04/01/2023 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  e date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED 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.  | ·. ··· ==·   |   |
| V: Effective date, if other than the date of filing: 04/01/2023 (OPTIONAL)  tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  e date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED 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.   |  |   |
| V: Effective date, if other than the date of filing: 04/01/2023 (OPTIONAL)  tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  e date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED 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.   |  |   |
| V: Effective date, if other than the date of filing: 04/01/2023 (OPTIONAL)  tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  e date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED 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.   |  |   |
| V: Effective date, if other than the date of filing: 04/01/2023 (OPTIONAL)  tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  e date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED 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.   | ise attachment if neces  | sarv)   |
| 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.  | tive date is listed, the offiling.) he date inserted in this   | date must be specific and cannot be more than five business days prior to or 90 oblock does not meet the applicable statutory filing requirements, this date will not   |
| 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.  | ctive date is listed, the of filing.)  the date inserted in this lient's effective date on   | date must be specific and cannot be more than five business days prior to or 90 oblock does not meet the applicable statutory filing requirements, this date will not the Department of State's records.  |
| 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.  | ctive date is listed, the of filing.) the date inserted in this lent's effective date on CVI: Other provisions, in   | date must be specific and cannot be more than five business days prior to or 90 oblock does not meet the applicable statutory filing requirements, this date will not the Department of State's records.  |
| 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.  | ctive date is listed, the of filing.) the date inserted in this lent's effective date on the control of the con | date must be specific and cannot be more than five business days prior to or 90 oblock does not meet the applicable statutory filing requirements, this date will not the Department of State's records.  |
| 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.  | etive date is listed, the of filing.) the date inserted in this itent's effective date on EVI: Other provisions, it  | date must be specific and cannot be more than five business days prior to or 90 chlock does not meet the applicable statutory filing requirements, this date will not the Department of State's records.  Fany.   |
| 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.   | etive date is listed, the of filing.) he date inserted in this lent's effective date on EVI: Other provisions, if  | date must be specific and cannot be more than five business days prior to or 90 chlock does not meet the applicable statutory filing requirements, this date will not the Department of State's records.  I any.  |
| constitutes a third degree felony as provided for in s.817.155, F.S.  | etive date is listed, the of filing.) the date inserted in this ent's effective date on the two controls. VI: Other provisions, in the two controls of the two control | date must be specific and cannot be more than five business days prior to or 90 colock does not meet the applicable statutory filing requirements, this date will not the Department of State's records.  If any,  ORE:  Construct of a member or an authorized representative of a member.   |
| Constitutes a third degree felony as provided for in s.817.155, F.S.  KENNETH A. ARRISON  Typed or printed name of signee  Filing Fees:  5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  30.00 Certified Copy (Optional)   | etive date is listed, the of filing.) he date inserted in this ent's effective date on the control of the contr | block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.  Fany.  JRE:  gnature of a member or an authorized representative of a member.  cument is executed in accordance with section 605,0203 (1) (b), Florida Statutes.   |
| KENNETH A. ARRISON Typed or printed name of signee  Filing Fees: 5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 30.00 Certified Copy (Optional)  | etive date is listed, the of filing.) he date inserted in this ent's effective date on the control of the contr | block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.  I any.  DRE:  Construct of a member or an authorized representative of a member.  State is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  The partment of State in formation submitted in a document to the Department of State.   |
| KENNETH A. ARRISON Typed or printed name of signee  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 30.00 Certified Copy (Optional)   | etive date is listed, the of filing.) he date inserted in this ent's effective date on the control of the contr | block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.  I any.  DRE:  Construct of a member or an authorized representative of a member.  State is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  The partment of State in formation submitted in a document to the Department of State.   |
| Typed or printed name of signee  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  30.00 Certified Copy (Optional)   | etive date is listed, the of filing.)  the date inserted in this ent's effective date on the visions, in the course of the cours | DRE:  Spanture of a member or an authorized representative of a member.  State that any false information submitted in a document to the Department of State sa third degree felony as provided for in s.817.155, F.S.  |
| Filing Fees:  5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  5 30.00 Certified Copy (Optional)  | etive date is listed, the of filing.)  the date inserted in this ent's effective date on the visions, in the course of the cours | DRE:  Spanture of a member or an authorized representative of a member.  State that any false information submitted in a document to the Department of State sa third degree felony as provided for in s.817.155, F.S.  |
| Filing Fees: 5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 5 30.00 Certified Copy (Optional)  | etive date is listed, the of filing.)  the date inserted in this ent's effective date on the visions, in the course of the cours | DRE:  Spanture of a member or an authorized representative of a member.  State that any false information submitted in a document to the Department of State sa third degree felony as provided for in s.817.155, F.S.  |
| \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)  | etive date is listed, the of filing.)  the date inserted in this ent's effective date on the visions, in the course of the cours | DRE:  Spanture of a member or an authorized representative of a member.  State that any false information submitted in a document to the Department of State sa third degree felony as provided for in s.817.155, F.S.  |
| § 30.00 Certified Copy (Optional)   | etive date is listed, the of filing.)  the date inserted in this ent's effective date on the visions, in the course of the cours | DRE:  Spanture of a member or an authorized representative of a member.  State that any false information submitted in a document to the Department of State sa third degree felony as provided for in s.817.155, F.S.  |
|   | etive date is listed, the of filing.) he date inserted in this ent's effective date on VI: Other provisions, in This door I am away constitute.  | DRE:  Spanture of a member or an authorized representative of a member.  State that any false information submitted in a document to the Department of State sa third degree felony as provided for in s.817.155, F.S.  |
| 5 5.00 Certificate of Status (Optional)   | ctive date is listed, the of filing.) he date inserted in this itent's effective date on CVI: Other provisions, if This doc I am away constitute.  S125.00 Filing Fee for  | DRE:  Spanture of a member or an authorized representative of a member.  State that any false information submitted in a document to the Department of State sa third degree felony as provided for in s.817.155, F.S.  |
| 5.00 Certificate of Status (Optional)   | ctive date is listed, the of filing.) he date inserted in this hent's effective date on a VI: Other provisions, if This doc I am away constitute the constitute of the constit | DRE:  Spanture of a member or an authorized representative of a member.  State that any false information submitted in a document to the Department of State sa third degree felony as provided for in s.817.155, F.S.  |
| · ·   | tive date is listed, the ofiling.) ne date inserted in this ent's effective date on VI: Other provisions, if  EOUIRED SIGNATE  This doc I am away constitute  \$125.00 Filing Fee for \$30.00 Certified Cop  | date must be specific and cannot be more than five business days prior to or 90 block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.  Fany.  PRE:  Quantum of a member or an authorized representative of a member.  Statement is executed in accordance with section 605.0203 (1) (b). Florida Statutes. The state that any false information submitted in a document to the Department of State are that degree felony as provided for in s.817.155, F.S.  EENNETH A. ARRISON  Typed or printed name of signee  Filing Fees:  Articles of Organization and Designation of Registered Agent by (Optional) |