

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet  
**L23000231187**

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To:

Division of Corporations  
 Fax Number : (850)617-6381

From:

Account Name : GARY, DYTRYCH & RYAN, P.A.  
 Account Number : I19990000255  
 Phone : (561)844-3700  
 Fax Number : (561)844-2388

05/11/2023  
 JP

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Trent@taiter.com

**FLORIDA LIMITED LIABILITY CO.**

**Beyond The Picture, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Electronic Filing Menu

Corporate Filing Menu

Help

(H23000174478 3)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Beyond The Picture, 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 Office Address:

Mailing Address:

1090 Jupiter Park Drive, Ste. 101  
Jupiter, FL 33458

1090 Jupiter Park Drive, Ste. 101  
Jupiter, FL 33458

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:

Trent Camerlinck

Name

1090 Jupiter Park Drive, Ste. 101

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

Jupiter

FL

33458

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..*

Designated by:

Trent Camerlinck

Signature

Registered Agent's Signature (REQUIRED)

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(H23000174478 3)

(H23000174478 3)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Trent Camerlinck

1090 Jupiter Park Drive, Ste. 101

Jupiter, FL 33458

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

(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.)

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** DocuSigned by:

Trent Camerlinck

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.

Trent Camerlinck, Manager

Typed or printed name of signer

**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)

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