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Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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3051-110

### COVER LETTER

Division of Corporations
SUBJECT: NICOLA SISO PHOTOGRAPHY LLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
NICOLA SISO
Name of Person
Firm/Company
P.D. Box 310192
MIAMI, FL 33231 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  (707) 346-1668  NICOLA SISO at (707) 346-1668
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations  STREET ADDRESS: Division of Corporations  OR SARA SISO
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\Bigsup \frac{1}{2} \frac{125.00}{2} \text{ Filing Fee}  \Bigsup \frac{130.00}{2} \text{ Filing Fee & Certificate of Status}  \Bigsup \frac{155.00}{2} \text{ Filing Fee & Gertified Copy}  \Bigsup \frac{160.00}{2} \text{ Filing Fee, Certificate of Status & Certified Copy}  \text{ Certified Copy}



February 5, 2014

NICOLA SISO P O BOX 310192 MIAMI, FL 33231

SUBJECT: NICOLA SISO PHOTOGRAOHY LLC

Ref. Number: W14000007568

We have received your document for NICOLA SISO PHOTOGRAOHY LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 314A00002615

Tammy Hampton Regulatory Specialist III

www.sunbiz.org

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. N=Co(AS=So PHOTOGRAPHY LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
2. (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
company is organized)
4. Data first transcated business in Florida (Carios to registration)
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5
87-< TT
(Street Address of Principal Office)
475 Brickell Are # 1010 Miani, Fl 33131
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
NICOLASISO, PRESIDENT, P.O. Box 310192, Main: Fl 336
NICOLA SISO, PRESTOENT, P.U. DOX 310175, Flam. FLSSE
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official
having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not
acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator
must be submitted)
Signature of an authorized person (In accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)
NI (OLA SISO
Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:
NICOLA SISS PHUTOGRAPHY LLC
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
NICOLA SISO
NI(OLA SISO 475 Brckell Are # 1010
120 30x 310143
Florida Street Address (P.O. Box NOT ACCEPTABLE)
MIAMI, FL 3333+ 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, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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#### State of California

## Secretary of State

#### **CERTIFICATE OF STATUS**

ENTITY NAME: NICOLA SISO PHOTOGRAPHY LLC

FILE NUMBER:

201307710501

FORMATION DATE:

02/12/2013

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

**CALIFORNIA** 

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 21, 2014.

**DEBRA BOWEN**Secretary of State