# M17000001494

(	(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



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# FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2017

JIM SHANKS 330 GLADE KNOLL TRAIL FAYETTEVILLE, GA 30215

SUBJECT: DIMPLES FAMILY PHOTOGRAPHY LLC

Ref. Number: W17000011209

We have received your document for DIMPLES FAMILY PHOTOGRAPHY LC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 917A00002531

## **COVER LETTER**

то:	Registration Section Division of Corporation	ns			
SUBJE	Dimples Family Ph	otography LLC			
		Name of	Limited Liability	Company	
The end Existen	closed "Application by Foce, and check are submitt	reign Limited Liability Com ed to register the above refer	pany for Authorizatenced foreign limit	ation to Tra ited liabilit	ansact Business in Florida," Certificate of y company to transact business in Florida
Please r	eturn all correspondence	concerning this matter to the	following:		
	Jim Shanks				
		N	lame of Person		
	Dimples Famil	y Photography LLC			
		F	irm/Company		
	330 Glade Kno	ll Trail			
			Address		
	Fayetteville, G	A 30215			
	<del></del>	City/S	tate and Zip Code	;	
	jshanks@dimple	somg.com			
		E-mail address; (to be use	d for future annua	l report not	ification)
For furtl	ner information concernir	g this matter, please call:			
	Jim Shanks		770 at (	84 <b>2</b> -12 )	14 786 7
	Name o	of Contact Person	Area Code	Day	rtime Telephone Namiber
	MAILING ADDRESS: Division of Corporation: Registration Section P.O. Box 6327 Tallahassee, FL 32314	; ;		Division Registrat Clifton B 2661 Exc	of Corporations ion Section wilding secutive Center Circle isee, FL 32301
Enclosed	is a check for the follow \$125.00 Filing Fee	ring amount:  \$\square\$ \text{130.00 Filing Fee & Certificate of Status}\$	□ \$155.00 Filin Certified Copy	-	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

# 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:

COMMINITO HUMANCI D	COM COM IN THE STATE OF THE COMMENT.		
Dimples Family Photo	graphy LLC		
(Name of For	reign Limited Liability Company; must includ	e "Limited Liability Company," "L.L.C.," c	or "LLC.")
If name unavailable, enter a Liability Company," "L.L.C	Ilternate name adopted for the purpose of tran	sacting business in Florida. The alternate na	ame must include "Limited
2 Capacyica	3.	45-4817955	
(Jurisdiction ander the law company is organized)	of which foreign limited liability	(FEI number, if applicabl	e)
September 1, 2016			
	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F.	rida, if prior to registration.) S. to determine penalty liability)	
5	<del> </del>		· ·
330 Gla	de KNO// Trail (Street Address of Principal	Faxette Vilk, GA, 30	0215
5			_
_ Gan	C 15 ADOVE (Mailing Address)	I	<del></del>
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Patty Williams		
Office Address:	6320 Loma Farm Court		
	Tallahassee	, Florida 32309	
	(City)	(Zip code)	<del></del>
Registered agent's accep			
	egistered agent and to accept service of p		
	ntion, I hereby accept the appointment a ions of all statutes relative to the proper		
	my position as registered agent.	una comptete perjormance of my auto	es, una 1 um jumiliar wiin a.
eccept inc vonganous of	11/ 11/1/10	All mark	
			一世帝 田 田
and the second	(Registered age	nt's signature	5 7 E
8. The name, title or cap	acity and address of the person(s) who ha	s/have authority to manage is/are:	的 <b>经</b> 一 m
•	TNEY-MANAGING	7 -	野里口
330 Glade Knoll Trail	, , , , , , , , , , , , , , , , , , ,		
Fayetteville, GA 30215			- S S
	e of existence, no more than 90 days old, of which it is organized. (If the certificate submitted)		
	Signature of an au	thorzed person	_
	d in accordance with section 605.0203 (1) of the Department of State constitutes a thi		
	Jim Shanks		

Typed or printed name of signee

Control Number: 12024716

## STATE OF GEORGIA

# **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### DIMPLES FAMILY PHOTOGRAPHY LLC

### a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number Date Inc/Auth/Filed Jurisdiction Print Date Form Number





Brian P. Kemp Secretary of State