## 11/19000001775

(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



000324265530

02/11/19--01025--031 \*\*160.00

19 FEB II M S 30
SECRETARY OF STATE
SECRETARY OF STATE

K SALY FEB 20 2019

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Laura Christin Photography LLC Name of Limited Liability Company
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:
Laura Christin
Name of Person
Laura Christin Photography LLC Firm/Company
2160 Wateroak Dr. N
CHEARWATER FL 33764  City/State and Zip Code
City/State and Zip Code
Laura @ Laura Christin photography. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LAURA Chrichia ma FIG MAZO
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE
\$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \Bigcup \\$155.00 Filing Fee & \Bigcup \\$160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy

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

IN COMPLANCE WITH SECTION 605.0902. FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIG COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  LULYO CAY'S TY PHO TOGODONY LLC.  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "ELC.")	N LIMITED LIABILITY
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company,"  2. California, J. S. A  (Jurisdiction under the law of which foreign limited liability company is organized)  3. 46-2617918  (FEI number, if applicable)	T.L. C." or "LLC")
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  5. 2140 Wateroak Dr. N  (Street Address of Principal Office)  6. 2140 Wateroak  (Mailing Address)  Clearwater FL 337U4  Clearwater FL	<u>33764</u>
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Laura Christin  Office Address: 2140 Wateroak Dr. N  Clarwater Florida 33744  (City) Florida (Zip code)	FILED 19 FEB 11 AM 9 30 SECRETARIOS STATE SECRETARIOS STATE
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability condessignated in this application, I hereby accept the appointment as registered agent and agree to act in this capa to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and and accept the obligations of my position as registered agent.  [Registered agent's signature]	city. I further agree



8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons autitor manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Laura Christin Manager ☐ Manager Address: 2160 Wateroak Dr. N Member Member Address: Authorized ■ Authorized Person Person Other Other\_\_\_ Other\_ Other\_\_\_\_ Name: \_\_\_\_\_ ☐ Manager Name: \_\_\_\_\_ ☐Member Address: Member Address: \_\_\_\_ Authorized ■ Authorized Person Person Other\_\_ Other\_\_\_\_ Other\_ Other\_ Manager Name: \_\_\_\_\_ Manager Name: \_\_\_\_\_ Member Address: ☐ Member Address: \_\_\_\_ Authorized ■ Authorized Person Person Other\_ Other Other\_ Other\_\_\_\_ important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. 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. layra Christin

## State of California Secretary of State

CERTIFICATE OF STATUS



ENTITY NAME: LAURA CHRISTIN PHOTOGRAPHY LLC

FILE NUMBER:

201310810137

FORMATION DATE:

03/19/2013

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, 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 February 1, 2019.

> ALEX PADILLA Secretary of State