# L2000351751

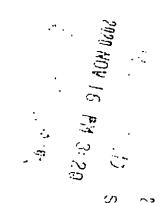
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
ied Copies Certificates of Status	
ecial Instructions to Filing Officer:	

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL

CAPITAL CO	INNECTION, INC.	
E. Virginia Street, Su 0) 224-8870, •1,800	ite 4 • Tallahassee, Florida 32301 )-342-8062 • Fax (850) 222-1222	73
		•
A ANN PHOTO	OGRAPHY, LLC	
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Att. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
		Fictitious Owner Search
ature		Vehicle Search
		Driving Record
iested by: SETH		UCC 1 or 3 File
	D T:	UCC 11 Search
ne	Date Time	UCC 11 Retrieval
K-In	Will Pick Up	Courier

## COVER LETTER

TO:	New Filing S Division of C				
SUBJE	LEVIA A	ANN PHOTOGRAPHY	LLC		
C/O 1/11/1		Name o	of Limited Liab	ility Company	
The enc	closed Articles o	of Organization and fee(	s) are submitte	d for filing.	
Please i	return all corresp	pondence concerning th	is matter to the	following:	
	26317 SUC	TRE DRIVE			
	<del></del>		Name o	f Person	
			Firm/C	ompany	
	PUNTA GO	PRDA			
			Add	ress	
	FL 33983				
	HARSHA.Tz	AS@GMAIL.COM	City/State ar	nd Zip Code	
	<del></del>	E-mail address: (to be t	ised for future	annual report notificat	tion)
For furthe	r information ec	oncerning this matter, pl	ease call;		
	SHAWN TY	RONE DUME	808	250-1675 _)	
	Nan	ne of Person	Area Code	Daytime Telephor	ne Number
Enclosec	Lis a check for t	he following amount:			
□\$125.	00 Filing Fee	宣\$130,00 Filing Fee Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	ng Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassec, FL 3230	assec et. Suite 810

## FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2021 NOV 16 AM 11: 46

SECRETARY OF STATE TALLAHASSEE, FL

LEVIA.	NN	PHOTOGR	APHY LLC
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(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICI

<u> </u>	Principal Office Address:		Mailing Address:	
26317 SUCRE DRIVE PUNTA GORDA FL 33983		26317 SUCRE DRIVE PUNTA GORDA		
		_ <u>FL</u>	FL 33983	
other business entity with a	in active Florida registration.)		You must designate an individual or	
ic name and the Florida stre	et address of the registered age	nt are:		
	SHAWN TYRONE DUA	IE	<del></del>	
	Na	ine		
	26317 SUCRE DRIVE			
	Florida street address (P.	O. Box <u>NOT</u> a	cceptable)	
	PUNTA GORĐA	FL	33983	
	City	State	Zip	
	-		above stated limited liability compan	

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address;	
MGR	SHAWN TYRONE DUME 26317 SUCRE DRIVE PUNTA GORDA FL 33983	SECRET
		AND SEE FL
		TATE
(Use attachment if necessary)		
the date of filing.)	date of filing:	o or 90 days after
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
Signature of a This document is ex- I am aware that any f	a member or an authorized representative of a member, secured in accordance with section 605.0203 (1) (b). Florida Stafalse information submitted in a document to the Department of agree felony as provided for in s.817.155, F.S.	atutes. f State
	RONE DUME Typed or printed name of signee	

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)