Division of Corporations Electronic Filing Cover Sheet

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		To:	
			Division of Corporations
			Fax Number : (850)617-6381
		From:	
	\sim	<u>.</u> _	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
`	സ	42.4	Account Number : I20000000019
	ij		Phone : (305)552-5973
-			Fax Number : (305)675-5944
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	ق !	**[Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**
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	2024 FE 9		Email Address:
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FLORIDA LIMITED LIABILITY CO. CAMILA'S PHOTOS STUDIO LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:	202	
CAMILA'S Photos Studio LLC	7021FE	VITT THE
ARTICLET	ည် <u>- အ</u>	
The mailing address and street address of the principal office of the Limited Liability	င္မာ	
- 0100 5W 104 th AVE 33173	C)	
Miami, FL.		_
		_
ARTICLE III - Registered Agent, Registered Office:		
The name and the Florida street address of the registered agent are: (The Limite: Liability with an active Florida registered Agent. You must designate an individual or another business entity		
- YAMI MARTINEZ GARCIA		
6768 SW 184 th AVE 33173.		_
	·	-
ARTICLE IV		_
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)		
- Control Alvida		
YAMIL MARTINEZ GARCÍA AMBR		
CAMILA GERRAND PEREZ. AMDR	 -	
TOTAL TOTAL. MAIDIL		

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution cf 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.

MI MARTINEZ CARCIA
Typed or printed name of signee

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.

Registered Agent's Signature (REQUIRED)