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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR. 10-15

750 West Lake Cook Road, Suite 350
Buffalo Grove, Illinois 60089
TEL: 847. 537. 0500
FAX: 847. 537. 0550

134 North LaSalle Street, Suite 1600
Chicago, Illinois 60602
TEL: 312. 372. 3227
FAX: 312. 372. 4646

LAW OFFICES OF
KOVITZ SHIFRIN NESBIT
A Professional Corporation

WEB: www.ksnlaw.com

1220 Iroquois Avenue, Suite 100
Naperville, Illinois 60563
TEL: 630. 717. 6100
FAX: 630. 548. 5568

209 Eighth Street
Racine, Wisconsin 53403
TEL: 262. 634. 6750

October 8, 2008

Writer's Direct No: (847) 777-7288

Writer's E-mail: dhinton@ksnlaw.com

Reply To: Buffalo Grove

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Florida 32314

Re: Artists and Models, LLC
Articles of Organization

Dear Sir/Madam:

Enclosed herewith is one original and one exact copy of Articles of Organization to establish the above captioned Florida limited liability company. Also enclosed is a check from our law firm in the amount of $155.00 payable to the Florida Department of State to cover the filing fee for the Articles of Organization as well as a certified copy.

Please file these Articles and return the above documentation to this office unless custom or statute requires that it be sent to the registered agent. Please contact me if you are unable to file the enclosed Articles.

Very truly yours,

David C. Hinton

David C. Hinton,
Corporate Paralegal

dch
Enclosures
cc: Jordan I. Shifrin, Esq.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ARTISTS AND MODELS, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Hinton
(Name of Person)

Kovitz Shifrin Nesbit
(Firm/Company)

750 Lake Cook Road, Suite 350
(Address)

Buffalo Grove, Illinois 60089
(City/State and Zip Code)

For further information concerning this matter, please call:

David Hinton at (847) 777-7288
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee ☐ $130.00 Filing Fee & Certificate of Status ☑ $155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

ARTISTS AND MODELS, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
8116 Lone Tree Glen	8116 Lone Tree Glen
Bradenton, FL 34202	Bradenton, FL 34202

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Jordan I. Shifrin
Name

8116 Lone Tree Glen
Florida street address (P.O. Box **NOT** acceptable)

Bradenton FL 34202
City, State, and 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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGRM	Jordan I. Shifrin 8116 Lone Tree Glen Bradenton, Florida 34202

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jordan I. Shifrin
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)