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(Re	equestor's Name)	
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	ty/State/Zip/Phone	
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Photos By Lenny 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:
LeonARD Bo Hopton (Name of Person)
Photos By Lenny (Firm/Company)
2030 Bellevue Was Apt. #83
TAllahassa FL 32304 (City/State and Zip Code) For further information concerning this matter, please call:
For further information concerning this matter, please call:
LEONARD Bo Heaton at (830) 574-8943 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\Boxed{125.00}\$ Filing Fee \$\Boxed{130.00}\$ Filing Fee \$\Boxed{155.00}\$ Filing Fee \$\Boxed{155.00}\$ Filing Fee \$\Boxed{1560.00}\$ Filing Fee, Certificate of Status \$\Boxed{160.00}\$ Certificate of Status \$\Boxed{160.00}\$ Certificate of Status \$\Boxed{160.00}\$ Certificate of Status \$\Boxed{160.00}\$ Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

409 E. Gaines Street Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Photos By Lenny, 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:

2030 Bellevue WAZ Apto # 83 TAMATASSE FL 32304

Apt. #83 Tallahassac, FL 32304

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Leonard Bernard Horton Fire

2030 Bellevue Day Apto#83
Florida street address (P.O. Box NOT acceptable)

TAllAhASSEC FL 32304 City, State, and Zip S JUN 13 PM 12: 42

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

(CONTINUED)

Page 1 of 2

The name and address of each M	lanager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Monica M. Horton 2030 Bellevie Way, Apt. #83 Tallahasse, FL 32304
(Use attachment if necessary)	
NOTE: An additional article	must be added if an effective date is requested.
REQUIRED SIGNATURE:	
Signafure of a n	14 He A State of a member. State of a member.
of this document	rith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury tated herein are true.) Typed or printed name of signee
TAMAGE	Typed or printed name of signee

ARTICLE IV- Manager(s) or Managing Member(s):

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)