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COVER LETTER

	Registration Se Division of Con			
SUBJEC	ст:	(Name of Limited	JARON S	tudio LL
The encl	osed Articles of	Organization and fee(s) are se	abmitted for filing.	
Please re	turn all corresp	ondence concerning this matte	r to the following:	
		Amanda	JARON Name of Person)	
_	A	JARON S	Studio LLO	<u></u>
_	34	1+0 7th	Ane Sw (Address)	
_	<u>/</u>	aples, Fl	34117 (State and Zip Code)	
For furth	er information	concerning this matter, please	call:	
	(XI)	m	at (239) 293 (Area Code & Daytime Te	-2932
	(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclose	d is a check fo	r the following amount:		
\$125.0	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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/Courler Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
A JARON S (Must end with the words "Limited Liability Company, "Limited Liability Company,"	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3440 7th Ave SW Naples, PL 34117	SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the results	egistered agent are:

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)
Page 1 of 2

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Amanda JARON 3440 TE AME SW Naples, FL 34117

· 	
(If an effective date is listed, the date m	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
<u>REQUIRED</u> SIGNATURE:	SECKE 14 TALLAHA
- 1	ember or an authorized representative of a member. ith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury
of this document that the facts s	nda TARON
·	Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

The name and address of each Manager or Managing Member is as follows:

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