

Division of Corporations

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Florida Department of State
Division of Corporations
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Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : PAUL SALVER, P.A.
Account Number : I20020000087
Phone : (954) 389-1333
Fax Number : (954) 389-1397

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 DEC 20 PM 2:15

RECEIVED

FLORIDA/FOREIGN LIMITED LIABILITY CO.**Jade Photo Art, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Jade Photo Art, LLC

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

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1792 Bell Tower Lane

#205

Weston, FL 33326

Mailing Address:

1792 Bell Tower lane

#205

Weston, FL 33326

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:

Paul Salver, PA

Name

2721 Executive Park Dr., #3

Florida street address (P.O. Box **NOT** acceptable)

Weston

FL 33331

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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Dec 20 06 12:15p

• 12/20/2006 12:12 9543891397

PANAGOS SALVER COOK

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PAGE 01/01**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

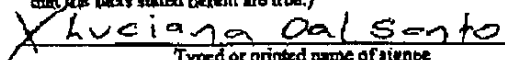
Name and Address:MGRMLuciana Dal-Santo Lewis
1026 Creekford Drive
Weston, FL 33326MGRAna Paula Costa Cleary
2486 Greenbrier Court
Weston, FL 33327MGRPaola Callahan
1048 Sunflower Court
Weston, FL 33327

(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 penalty of perjury that the facts stated herein are true.)


Typed or printed name of signee**FILING FEE:**

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)