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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , ,
PICK-UP WAIT MAIL

(Business Entity Name)
(Dusiness Entry Name)
(Document Number)
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COVER LETTER

TO;	Registration S Division of Co					
SUBJI	ECT:	JLF F	Photography,	LLC		
(Name of Limited Liability Company)						-
The en	closed Articles o	of Organization and fee(s) are submitted for	filing.		
Please	return all corres	oondence concerning this	s matter to the follo	owing:		
			Synthia L. Hu			_
			(Name of Perso	on)		
Carlile and Hunter, LLC						
			(Firm/Compan	ıy)		
	861 W. Morse Blvd, Suite 1 ≱s ≥					
			(Address)	Add (ORE CAH	~
		Wint	er Park, FL	32789	JAN 2 RETAR AHASS	
			(City/State and Zip	Code)	OF P	
For fur	ther information	concerning this matter, p	olease call:		STATE LORIDA	U
Cynth	nia L. Hunte	r	at (_407	₎ 647-172	22	
<u>_</u>	(Name	of Person)		a Code & Daytime T	Telephone Number)	-
Enclos	ed is a check fo	or the following amour	ıt:			
□ \$125	i.00 Filing Fee	\$130.00 Filing F Certificate of Status	Certified	00 Filing Fee & Copy copy is enclosed)	\$160.00 Filing Certificate of Stat Certified Copy (additional copy is en	us &

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Limi	: ited Liability Compan	y is:	
	JLF Photogra	aphy, LLC	
Must end with the words "L		Limited Company" or their abbrevi	ation "LLC," or "L.C.,")
ARTICLE II - Addr	·ess:		
		he principal office of the Li	imited Liability Company is:
Principal Office Ado	dress:	Mailing Address:	
3019 Bridgestone Drive		8019 Bridgestone Drive	<u> </u>
Orlando, FL 32835		Orlando, FL 32835	
			
The Limited Liability Comp business entity with an acti-	pany cannot serve as its own ve Florida registration.) orida street address of Jayme 1 8019 Bridg Florida stree Orlando	tered Office, & Registered Registered Agent. You must design the registered agent are: Fairhurst Name estone Drive tet address (P.O. Box NOT accept) o, FL 32835 State, and Zip	ate an Allividual or another TILTU AN 25 P 12: 2 AN 25 P 12: 2
liability company registered agent and statutes relating to	at the place designate agree to act in this cap the proper and comple tions of my position as	d in this certificate, I hereby pacity. I further agree to co.	mply with the provisions of all s, and I am familiar with and

(CONTINUED) Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:				
MGRM .	Jayme Fairhurst 8019 Bridgestone Drive Orlando, FL 32835				
	ZOOT JAN 2b SECRE JARY TALLAHASSE				
(Use attachment if necessary)	P 12: 25				
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior				
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.) Jayme Fairhurst 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)