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# **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: <u>Havorite Memories Photographe</u> (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:		
Dane Sarah Mapier		
(Name of Person)		
(Firm/Company)		
4062 Selk Bay Dr.		
(Address)		
Tallahassee H 32308		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person) at (850) 443 8030 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
ρ \$125.00 Filing Fee ρ \$130.00 Filing Fee & ρ \$155.00 Filing Fee & Certificate of Status  Certified Copy (additional copy is enclosed)  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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE 1 - Name:**

The name of the Limited Liability Company is:

(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:	Mailing Address:
4062 Silk Bay on	4062 Selk Bay Dr
Tallahausee Il 32308	Tallahassee Hasz38

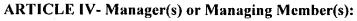
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

allahasse FL 3230
City, State, and Zip

Having been named as registered agent and to accept service of process for the above state 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..

egistered Agent's Signature (REQUIRED

(CONTINUED)



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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member  MG-LM	June Marier 4002 Selk Bay 17 Tallaharsee J 77 32308
·	
(Use attachment if necessary)	
	the date of filing: (OPTIONAL)  sust be specific and cannot be more than five business day  .)
REQUIRED SIGNATURE:  Signature of a mer	Maple SECULAR 20 TALLAH ASSINGTON OF A MEMBER 20 TO THE SECULAR 20
(In accordance with of this document co	o section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjurbed herein are true.)  Source  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)