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TALLAHASSEE FLORIDA

N. O'Brien JUN 30 2008

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Manacor Photography 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:

Warren Pomerantz
(Name of Person)

Mr. T. C. G. Parikh Photography LLC
(Firm/Company)

16263 S.W. 83 CIR
(Address)

M. Am. , FL 33193
(City/State and Zip Code)

For further information concerning this matter, please call:

Walter Parasita at (305) 335.3504
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 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/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

Martaleida Porraspita Photography, LLC

ARTICLE II – Address:

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

16263 S.W. 83 Lane, Miami, Florida 33193

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ARTICLE III

Registered Agent, Registered Office, & Registered Agent's Signature:

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

Walter Porras-Pita
16263 S.W. 83 Lane
Miami, Florida 33193

Having been named as registered agent 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

Article IV – Manager(s) or Managing Member(s):

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

Title: Name and address:

MGRM Martaleida Porras-Pita, 16263 SW 83 Lane, Miami, Florida 33193

MGRM Walter Porras-Pita, 16263 SW 83 Lane, Miami, Florida 33193

Article V – Duration:

The period of duration for the company will be perpetual.



Signature or Managing 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)

Walter Porras-Pita

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FLORIDA STATE
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TALLAHASSEE, FLORIDA