Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

Account Number : I20000000019

: (305)552-5973

Fax Number

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

PHOTO GD, LLC

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Electronic Filing Menu

Corporate Filing Menu

JUL 1 1 2008 EXAMINER

FROM : LAZARUS ...

H08000170390

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: Photo GD, LLC (Must end with the words "Limited Liebility Company, "L.L.C.," or 'LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 1451 South Mierni Avenue #411, Mierni FL 33130 PO BOX 310788, MIAMI FL 33231 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature The Limited Limbility Company cannot serve as its own Registered Agent. You must designate an individual or another ... husiness entity with an active Florida registration.) The name and the Florida street address of the registered agent are: ROMAN ROMAN

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 duttes, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, P.S.

Florida street address (P.O. Box NOT soceptable)

Registered Agent's Signature (REQUIRED)

1451 S. Miami Avenue #411

Miami FL 33130

(CONTINUED)
Page 1 of 2
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FAX NO. :3052201440

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H08000170390

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	ROMAN ROMAN
	1451 South Mismi Avanue #411, Mismi FL 33130
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Use attachment if necessary)	1-150
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LE V: Effective date, if other than the	
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ARAZZENEN AZANI I NOVEM	
required signature:	
<u>required</u> signature:	
Signature of a member	e or an amborized representative of a member.
Signature of a member	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury

Filing Fees:

3125.00 Filling Fee for Articles of Organization and Designation of Registered Agent
3 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)