## LD000083014

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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08/29/08--01015--029 \*\*130.00

SELVETANT OF STATE

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	CT: Eye of the Wanderer LLC
5050	(Name of Limited Liability Company)
The en	osed Articles of Organization and fee(s) are submitted for filing.
Please	eturn all correspondence concerning this matter to the following:
	Michael E. Harp
	(Name of Person)
	Eye of the Wanderer Photography
•	(Firm/Company)
	1001 11th Ave. West
	(Address)
	Bradenton, FL 34205
	(City/State and Zip Code)
For fur	er information concerning this matter, please call:
.1	Cell
<u>///</u>	Chae Harp at (8/4) 719 4910  (Name of Person) (Area Code & Daytime Telephone Number)
	(Nea Code & Baytine Telephone Number)
Enclos	d is a check for the following amount:
<b>□</b> \$125.0	O Filing Fee \$\sum \$\sum \text{\$\sum \text{\$\sin
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street/Courier Address Registration Section Division of Corporations Division of Corporations Clifton Building Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR	FLORIDA LIMITED I	JABILITY COMPANY
ARTICLE I - Name:		
The name of the Limited Liability Company	18:	
Eye of the Wanderer LLC		
(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LL	C.")
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Lin	nited Liability Company is:
Principal Office Address:	Mailing Address:	
1001 11th Ave. West	1001 11th Ave. West	
Bradenton, FL 34205	Bradenton, FL 34205	The state of the s
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	red Office, & Registered Agent. You must designate	Agent's Signature: e an individual or another
The name and the Florida street address of the	e registered agent are:	
Michael E. Harp		_
Nar	me	
1001 11th Ave. We	<del> </del>	•••••
Bradenton	address (P.O. Box <u>NOT</u> accepts 34205	ible)
	te, and Zip	-
Having been named as registered agent and t	to accept service of process	for the above stated limited
liability company at the place designated i	in this certificate, I hereby a	ccept the appointment as
registered agent and agree to act in this capa		
statutes relating to the proper and complete accept the obligations of my position as re	performance of my auties, i poistered/apent ex provided	ana i am jamiliar with ana for in Chapter 608 FS
	, g.s.creagugen, as profiacu	
(11/2 //		20 <b>8</b>
Registered Agent's Sig	(nature (REOLIRED)	- Si A
rogistered right a dig	mature (REQUIRED)	29
(CONTI	INHED)	9: 03
Page 1	•	υm ω

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Memb	рет
MGR	Mike Harp
	1001 11th Ave West
	Bradenton, FL 34205
(Use attachment if necessary)	
LE V: Effective date, if other	than the date of filing: (OPTION
ffective date is listed, the date	than the date of filing: (OPTION must be specific and cannot be more than five business dates
LE V: Effective date, if other fective date is listed, the date	than the date of filing: (OPTION must be specific and cannot be more than five business dates
LE V: Effective date, if other fective date is listed, the date days after the date of filing.)	than the date of filing: (OPTION must be specific and cannot be more than five business da
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LE V: Effective date, if other fective date is listed, the date days after the date of filing.)  REQUIRED SIGNATURE:	than the date of filing: (OPTION must be specific and cannot be more than five business da
LE V: Effective date, if other fective date is listed, the date days after the date of filing.)  REQUIRED SIGNATURE:  Signature of (In accordance of this document)	than the date of filing: (OPTION must be specific and cannot be more than five business date.

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

\$ 5.00 Certificate of Status (Optional)