

FEB. 5. 2010 2:47PM
DIVISION Corporations

KANETSKYMOOREDEBOER

NO. 7976 Page 1 of 1

L100000266913812
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : KANETSKY, MOORE & DEBOER, P.A.
Account Number : 075350000267
Phone : (941) 485-1571
Fax Number : (941) 484-7226

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

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TALLAHASSEE, FLORIDA

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10 FEB -5 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Florida Photo Field Trips, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

D. BRUCE

FEB. 8 2010

EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Florida Photo Field Trips, LLC

(Must end with the words "Limited Liability 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:559 Crane Prairie Way
Osprey, FL 34229**Mailing Address:**559 Crane Prairie Way
Osprey, FL 34229**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.)

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

Mark Cohen

Name

559 Crane Prairie WayFlorida street address (P.O. Box **NOT** acceptable)OspreyFL 34229

City, State, and Zip

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TALLAHASSEE, FLORIDA

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

Mark Cohen

Registered Agent's Signature (REQUIRED)

**Page 1 of 2
(CONTINUED)**

This instrument prepared by:
Erik R. Lieberman, Esq.
P. O. Box 1767
Venice, FL 34284-1767
941-485-1571
FL Bar #393053

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

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

Title:

"MGR" = Manager


"MGRM" = Managing Member

Name and Address:MGRMark Cohen559 Crane Prairie WayOsprey, FL 34229

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Mark Cohen

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)**This instrument prepared by:
Enk R. Lieberman, Esq.
P. O. Box 1767
Venice, FL 34284-1767
941-485-1571
FL Bar #393053**FILED**
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