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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JUL 15 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MICKI MATHIS 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:

MIGNYUAN M MATHIS

Name of Person

MICKI MATHIS PHOTOGRAPHY LLC

Firm/Company

551 LITTLE RIVER LOOP #216

Address

ALTAMONTE SPRINGS FL 32714

City/State and Zip Code

mmm70@mindspring.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIGNYUAN M MATHIS

Name of Person

at (407) 963-9587

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MICKI MATHIS PHOTOGRAPHY 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:

551 LITTLE RIVER LOOP #216
ALTAMONTE SPRINGS FL 32714

Mailing Address:

551 LITTLE RIVER LOOP #216
ALTAMONTE SPRINGS FL 32714

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:

MIGNYUAN M MATHIS

Name

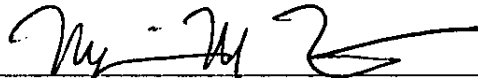
551 LITTLE RIVER LOOP #216

Florida street address (P.O. Box **NOT** acceptable)

ALTAMONTE SPRNGS FL 32714

City, State, and Zip

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL 32314

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:

MGR

MIGNYUAN M MATHIS

551 LITTLE RIVER LOOP #216

ALTAMONTE SPRINGS FL 32714

(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.)

MIGNYUAN M MATHIS

Typed or printed name of signer

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)