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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
(Sasamont Hamber)	
Certified Copies Certificates of Status	

Special Instructions to Filing Officer:

A. LUNT

JUL 23 2010

EXAMINER

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22-10 JUL 22 PM 4: 04
SECRETARY DE STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Elizabeth Palmer 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:
Elizabeth Carwell Name of Person
Name of Person
Elizabeth Palmer Photography, LLC,
462 Pavid St.
Address Fro. 42
Atlantie Beach, FL 32233
City/State and Zip Code Single N
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Elizabeth Carwell at (904) 517, 2961 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
Silvante of Status Certificate of Status** Certificate of Status (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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Elizabeth Palmer Photogr (Must end with the words "Limited Liability	aphy, LLC ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
462 PavidSt. Atlantic Reach FL 32233	462 Pavid St Atlantic Beach FL 32233
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
Atlantic Beach	ress (P.O. Box NOT acceptable) FL 32233 te, and Zip
liability company at the place designated in th	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as 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) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Elizabeth Carwell 462 Pavid St Atlantic Reach, FL32233
(Use attachment if necessary)	ARY OF SIATE ARSSEE, LORIDA
ICLE V: Effective date, if other than the d effective date is listed, the date must be 90 days after the date of filing.)	date of filing: (OPTIONAL) specific and cannot be more than five business days p
REQUIRED SIGNATURE:	
01.	Could
Signature of a member	or an authorized representative of a member.

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)