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COVER LETTER

TO:	Registration Division of C			•
SUBJE	.ст: <i>_Сµе</i>	R HAWNA PHO Name of Limit	TO 6 TAPH Y ed Liability Company	·
The end	closed Articles o	of Organization and fee(s) are	submitted for filing.	
Please	return all corres	pondence concerning this mat	ter to the following:	
	EDWA	PED HANNA	Name of Person	
	CHER	HAVUR PHOTOG	<i>PAPHY</i> Firm/Company	
	20342	Toppe DEL C	A60 57.	2
	ور م	EPA C/ 2	2928	288
-	ده ده		y/State and Zip Code	(5± 5 F
-	ECA	E-mail address: to be used	for future annual report notification)	
For fur	ther information	concerning this matter, please	e call:	FLORIE CONTRACT
ED	<i>WARD</i> Name	HAUNA of Person	at (239) 27233 Area Code & Daytime Telep	77
Enclos	ed is a check f	or the following amount:		
□ \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (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 Cl Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHER HAWNA PHOTOG (Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	of the principal office of the Limited Liability Compan	ıy ıs:
Principal Office Address:	Mailing Address:	
20342 TORRE DEL LAGO ESTERO, FL 33928	20342 TORRE DEL LAGO ESTERO, FL 33928	
	gistered Office, & Registered Agent's Signature; own Registered Agent. You must designate an individual or another	g ar
The name and the Florida street address	الله والله و	
EDWARD	HAVUR SEY 5	ž
	Name name	£ '
20347. TOK	CRE DEL LAGO	2-40

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..

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

FL 33928 City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	EDWARD HANNA 20342 TORRE DEL CAGO ESTERO, FL 33928
	7 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
(Use attachment if necessary)	
LE V: Effective date, if other than fective date is listed, the date mus days after the date of filing.)	the date of filing: S/o/o . (OPTION to be specific and cannot be more than five business d
REQUIRED SIGNATURE:	
Signature of a mer	nber or an authorized representative of a member.
(In accordance with	section 608.408(3), Florida Statutes, the execution

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)