Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

: (850)617-6383

From:

: CSH SERVICES, LLC Account Name

Account Number : 120070000160 Phone : (800)494-3124 : (561)455-9885 Fax Number

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

Email Address:

FLORIDA LIMITED LIABILITY CO.

MyFace Instant Photos LLC

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Corporate Filing Menu

1105 8 1 MAL EXAMINER

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

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In compliance with Chapter 608 and/or 621,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is: -

MYFACE INSTANT PHOTOS LLC

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ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

5200 SW 115TH AVE COOPER CITY, FLORIDA 33330

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

MARTIN KRATISH 5200 SW 115TH AVE COOPER CITY, FLORIDA 33330

Having been named as registered agent 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.

MARTIN KRATISH / Registered Agent's signature

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MYFACE INSTANT PHOTOS LLC

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
AMY KRATISH
5200 SW 115TH AVE
COOPER CITY, FLORIDA 33330

MANAGING MEMBER
MARTIN KRATISH
5200 SW 115TH AVE
COOPER CITY, FLORIDA 33330

SECRETARY OF STATE DIVISION OF CORPORATIONS

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.

PRINTED NAME OF SIGNEE

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