

L110000 25584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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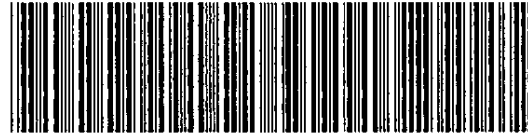
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

MAR -1 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CHLOE AUSTIN 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:

CHLOE A AUSTIN

Name of Person

CHLOE AUSTIN PHOTOGRAPHY, LLC.

Firm/Company

7957 MACINNES DRIVE

Address

JACKSONVILLE/FLORIDA/32244-5588

City/State and Zip Code

INFO@CHLOEAUSTINPHOTOGRAPHY.COM

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

For further information concerning this matter, please call:

CHLOE A AUSTIN

Name of Person

at ( 904 ) 5367382

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
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 Circle  
Tallahassee, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**CHLOE AUSTIN 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:

7957 MACINNES DRIVE  
JACKSONVILLE, FL 32244-5588

#### Mailing Address:

7957 MACINNES DRIVE  
JACKSONVILLE, FL 32244-5588

### 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:

CHLOE A AUSTIN

Name

7957 MACINNES DRIVE

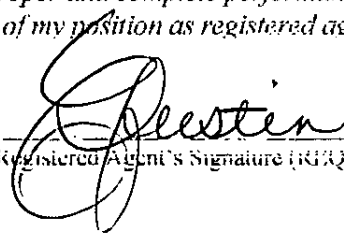
Florida street address (P.O. Box NOT acceptable)

JACKSONVILLE FL 32244-5588

City, State, and Zip

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SECRETARY OF STATE  
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.,*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:

MGRM

CHLOE A AUSTIN  
7957 MACINNES DRIVE  
JACKSONVILLE, FL 32244-5588

MGRM

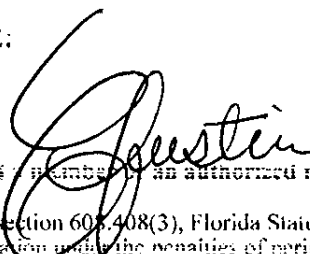
EDWIN T AUSTIN, JR.  
7957 MACINNES DRIVE  
JACKSONVILLE, FL 32244-5588

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_

(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 \_\_\_\_\_ an authorized representative of a member.

(In accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**CHLOE A AUSTIN**

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)

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OPTIONAL  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA