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SECRETARY OF STATE
ALL AHASSEF, FLORID

J. BRYAN

MAR - 8 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CT: Raven-Photo Name of Limited Liability		
The encl	losed Articles of Organization and fee(s) are submitted for	for filing.	
Please re	eturn all correspondence concerning this matter to the fo	ollowing:	
_	Scott Whit	erson	
_	Raven-Photo	0 h.h.c	
_		St.	ドー
-	Raven-Photo E-mail address: (to be used for future and	33542 For Representation of the state of the	E :
For furth	her information concerning this matter, please call:		
S		rea Code & Daytime Telephone Number	
Enclose	ed is a check for the following amount:		
]\$125.00 I	Certificate of Status Certifi	O0 Filing Fee & \$160.00 Filing Fee, Ged Copy Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registration Section Residue Division of Corporations Di P.O. Box 6327 Cl Tallahassee, FL 32314 26	treet/Courier Address egistration Section vivision of Corporations lifton Building 661 Executive Center Circle allahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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А	KII	 ır.		IN 2	me:

The name of the Limited Liability Company is:

Raven - Photo L. L. C, and 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:

Mailing Address:

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:

Reproductive to the street address (P.O. Box NOT acceptable)

Zephyrhills FL 33542

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Scott White 5929 10th St. Zephyrhills, FL 33542
	SECRETAL AH
(Use attachment if necessary)	PH 4: 05
CLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)	date of filing: (OP HONAL e specific and cannot be more than five business days

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. 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.)

Typed or printed name of signee

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)