

| (F | Requestor's Name) | |
|-------------------------|----------------------|-------------|
| (A) | Address) | |
| A) | Address) | |
| (C | City/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (É | Business Entity Nan | ne) |
| (C | Ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | o Filing Officer: | |
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Office Use Only

G. MCLEOD

JUN 16 2011

EXAMINER



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SECRETARY OF STATE

COVER LETTER

| TO: | Registration Section Division of Corporations |
|-----------|--|
| SUBJE | CT: STM PHOTOGRAPHY L.L.C. Name of Limited Liability Company |
| | Name of Limited Liability Company |
| The enc | losed Articles of Organization and fee(s) are submitted for filing. |
| Please r | eturn all correspondence concerning this matter to the following: |
| - | Steven T. Mangom Name of Person |
| ~~ | STM PHOTOGRAPHY Firm/Company |
| - | 647 Overbrook Drive Address |
| _ | Fort Walton Beach, FL 32547 City/State and Zip Code |
| | |
| _ | St mangum e hot mail.com E-mail address: (to be used for future annual report notification) |
| For furtl | her information concerning this matter, please call: |
| <u> </u> | Name of Person at (850) 865 - 4568 Area Code & Daytime Telephone Number |
| Enclose | ed is a check for the following amount: |
| 3125.00 | Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$155.00 Filing Fee & X \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) |
| | Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Company is: | |
|--|---|
| STM PHOTOGIR. (Must end with the words "Limited Liability) | APHY 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: |
| 647 Overbrook Drive Fort Walton Beh, FL 32547 | Fort Walton Bch, FL 82547 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | |
| The name and the Florida street address of the re | |
| Steven T. Manne Name | ress (P.O. Box NOT acceptable) FL 32547 Te. and Zip |
| G47 Overbrock Prive Florida street addi | ress (P.O. Box NOT acceptable) FL 32547 |
| trond Walton Beach, City, Stat | FL 32547 5 5 4 |
| liability company at the place designated in the registered agent and agree to act in this capacity. | 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 formance of my duties, and I am familiar with and |

(CONTINUED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|--|---|
| MGR | Steven T. Mangum 647 Overbrook Drive Fort Walton Beh, FL 32547 |
| | |
| _ | |
| | |
| (Use attachment if naccessary) | |
| | date of filing: <u>Jone 12, 2011</u> . (OPTIONA e specific and cannot be more than five business day |
| CLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: | |
| CLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a may are that any false information under the date of the d | e specific and cannot be more than five business day |

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)