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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer	
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Office Use Only



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T. CLINE
SEP 22 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Take 1 Models + Talent	
Name of Emmed Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Amy Vitale	_
Name of Person	
Take 1 Models + Talent	
Firm/Company	-
20423 State Road 7, # F6-457	
Address	-
Boca Raton, Florida 33498	-
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	ر در سوياهدن
Amy Vitale at 561, 414-1603 887 2	micael.
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	نروبا
\$125.00 Filing Fee \$\int \\$130.00 Filing Fee & \$\int \\$155.00 Filing Fee & \$\int \\$160.00 Filing Fee,	
(additional copy is enclosed) Certified Copy	i)
Mailing Address Street/Courier Address	
Division of Corporations Division of Corporations	
	Division of Corporations SUBJECT: Take 1 Mode st Talent 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: Amy Vitale Name of Person Take 1 Models t Talent Firm/Company 20423 State Road 7 # F6-457 Address Boca Ration, Florida 33498 City/State and Zip Code Carry Vitale Company E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Amy Vitale at 56 414-603 882 Name of Person Area Code & Daytime Telephone Number of Person Area Code & Daytime Telephone Number of

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Take 1 Models + Talent LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "ELC.")	<u>^</u>
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limited Liab	ility Company is:
Principal Office Address: Mailing Address:	
20423 State Road 7, #F6-457 20423 State Road Boca Raton, FL. 33498 Boca Raton, FL	127 # F6-45 133498
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's S (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individue business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	产品 皇
Amy Vitale Name	SEP 21
20423 State Reach 7, 7 F6-457 Florida street address (P.O. Box NOT acceptable)	OF STATE
Boca Raton, FL 33498 City, State, and Zip	TE IS

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	Name and Address:
"MGRM" = Managing Member MGRM	Amy Vitale 2042B State Road 7,#F6- Boca Ration, 72 33498
·	
(Use attachment if necessary)	TAL SE
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: De specific and cannot be more than five business days, specific and cannot be more than five business days, specific and cannot be more than five business days, specific and cannot be more than five business days, specific and cannot be more than five business days.
Signature of a member	ny Male er or an authorized representative of a member.
constitutes an affirmation unde I am aware that any false information constitutes a third degree felong	8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. In the mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.) The penalties of perjury that the facts stated herein are true. In the penalties of State by as provided for in s.817.155, F.S.) The penalties of perjury that the facts stated herein are true. In the penalties of State by as provided for in s.817.155, F.S.)
Filing Fees:	- F

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)