## 2/2000/2640/

•		
(Re	questor's Name)	
(Ad	dress)	_
(Ad	dress)	
· ·	y/State/Zip/Phone	n #0
(Cit	y/State/Zip/Prioni	<del>e</del> #)
PICK-UP	☐ WAIT	MAIL .
(Bu	siness Entity Nar	ne)
·	·	
(Do	cument Number)	
•		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	-	
:	A	LUNT
	A.	LUNI
	OC	T -3 2012
	EY!	MINER
		JIAIII Ame.

400239872394

10/01/12--01008--007 \*\*125.00



Office Use Only

## **COVER LETTER**

TO:	Registration S Division of Co						
SUBJ	Jenny E	E Photography					
		Name of Lin	nited Liability Compa	ny	· · · · · · · · · · · · · · · · · · ·	-	
The en	closed Articles o	f Organization and fee(s) a	re submitted for filing	ļ.			
Please	return all corresp	ondence concerning this m	atter to the following	:			
	Jennifer Egg	jers					
			Name of Person				
	Jenny E Ph	otography					
	1023 SE 11	th Terrace	Finn/Company		ACC	130 21 BE	
			Address		HASS A	<u> </u>	-
4	Ocala, Flor	ida 34471			SEE, FI	- -	
	jenstet@cox		City/State and Zip Code		FATE GRIDA	ത് ഇ	39 <sub>40</sub> 14. 12
·		E-mail address: (to be use	d for future annual repo	rt notification)			•
For fur	ther information	concerning this matter, plea	ase call:				
Jenn	ifer Eggers		352	622-7366			
	Name	of Person	Area Code	& Daytime Telepl	hone Number	-	
Enclos	sed is a check for	or the following amount:					
	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	by	\$160.00 Filing Certificate of Standard Certified Copy (additional copy is	atus &	
		Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Registrations Signature Si	of Corporations	rcle		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Jenny E Photography, LLC  (Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ess of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1023 SE 11th Terrace	1023 SE 11th Terrace
Ocala, Florida 34471	Ocala, FL 34471
ARTICLE III - Registered Agent, (The Limited Liability Company cannot serve a business entity with an active Florida registrat  The name and the Florida street add  Jennifer Egge	ress of the registered agent are:
1023 SE 11th 1	
Fic	orida street address (P.O. Box NOT acceptable)
Ocala ———————————————————————————————————	34471 
	City, State, and Zip

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)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Ken Eggers 1023 SE 11th Terrace Ocala, FL 34471
	22 2 CC
	SSEE FLOW
Use attachment if necessary)	
	the date of filing: (OPTIO t be specific and cannot be more than five business of
days after the date of filing.)	
days after the date of filing.)  REQUIRED SIGNATURE:	n befor an authorized representative of a member.

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)