<u> 1300009850</u>

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
/JAN 1 8 2013
L. SELLERS





900243694409

01/16/13--01004--014 **130.00

FILE D 13 JAN 16 PM 3: 45

1			
350) 245-6051.	· · · · · · · · · · · · · · · · · · ·	ii a	·
:		R LETTER	•
TO: Registration Division of C			
SUBJECT: Pla	Name of Limit	aphy, LLC ed Liability Company	
The enclosed Articles of	of Organization and fee(s) are s	submitted for filing.	
Please return all corresp	pondence concerning this matt	er to the following:	
	Matthew Bucha	non Miller	
		Name of Person	
	Playful Hearts	Photography, LLC Firm/Company	
	1157 NE 518	Place Address	
		170	
-	Ocala,FL 345 Cit	479 y/State and Zip Code	
	mbmphi 1413	E ao). com for future annual report notification)	
For further information	concerning this matter, please		
To future information	concerning this matter, prease	can.	
Debor Name	ah Bynum Miller of Person	at (352) 316-265 Area Code & Daytime Telep	
Enclosed is a check f	for the following amount:		
□\$125.00 Filing Fee	S130.00 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
Play El Hearts Photography, Ll (Must end with the words "Limited Liabil	LC ity Company, "L.L.C.,"	or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of th	e Limited Liabil	ity Con	npany	y is:
Principal Office Address:	Mailing Addres	ss:			
1157 ME 51 ^B Place Ocala, FL 34479	(Same as	Principal Office)			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must de	esignate an individual			
The name and the Florida street address of the r	egistered agent are	•			
Matthew Buch	mon Miller				
1157 NE 512	Place				
	lress (P.O. Box NOT	acceptable)			
O cala City, Sta	FL 34479 ate, and Zip				
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacall statutes relating to the proper and complet and accept the obligations of my position as registered.	this certificate, I he ity. I further agree te performance of n	reby accept the a to comply with t ny duties, and I a	ppointr he prov m famil	ment o vision liar w	as s of vith
The state of the s	~				
Registered Agent's Signat	ture (REQUIRED)		- (±	· ن	
(CONTIN	UED)			3 JAN II	111111111111111111111111111111111111111

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

WALCON II AL	Name and Address:
"MGR" = Manager "MGRM" = Managing Membe	
MORWI — Managing Membe	XI
MGR	Deborah Bynum Miller
	1157 NE 51st Place
	Ocala, FC 34479
MGRM	Matthew Buchanon Miller
	1157 NF SISI Place
	Ocala, FL 34479
NIN	MIA
MIA	NA
(Use attachment if necessary)	
I F V. Effective data if other t	han the date of filing: (OPTIONA
	te must be specific and cannot be more than five business
or 90 days after the date of fi	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	•
REQUIRED SIGNATURE:	
	member or an authorized representative of a member.
Signature of a	ction 608.408(3), Florida Statutes, the execution of this document
Signature of a (In accordance with sec	etion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true.
Signature of a (In accordance with sec constitutes an affirmatic I am aware that any fals	ction 608.408(3), Florida Statutes, the execution of this document

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)