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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

2013 JUL 10 PM 12:56

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JUL 11 2013

D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 24, 2013

MARY ELIZABETH HAVERTY  
183 SEA HAMMOCK WAY  
PONTE VEDRA BEACH, FL 32082

SUBJECT: NATRUALLY PHOTOGRAPHY, LLC  
Ref. Number: W13000036273

We have received your document for NATRUALLY PHOTOGRAPHY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on June 20, 2013. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 913A00015722

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TALLAHASSEE, FLORIDA

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(850) 245-6051.

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **Natrually Photography, LLC**  
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:

**Mary Elizabeth Haverty**

Name of Person

Firm/Company

**183 Sea Hammock Way**

Address

**Ponte Vedra Beach, FL 32082**

City/State and Zip Code

**Lizhaverty@yahoo.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Gary Denman**

Name of Person

at ( **904** ) **247- 1969**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Naturally Photography, LLC

(Must end 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:

183 Sea Hammock Way

Ponte Vedra Beach, FL 32082

#### Mailing Address:

183 Sea Hammock Way

Ponte Vedra Beach, FL 32082

### 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:

Mr. Gary Denman

Name

183 Sea Hammock Way

Florida street address (P.O. Box **NOT** acceptable)

Ponte Vedra Beach FL 32082

City, State, and Zip

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*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..*

Gary Denman

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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Mary Elizabeth Haverly

183 Sea Hammock Way

Ponte Vedra Beach, FL 32082

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

MARY ELIZABETH HAVERLY  
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)**

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