# #\_13000174266

(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:  CORRECTION TO MGRM PER  CONVERSATION WITH  DANA GOODSON 12-18-2013 KS				

Office Use Only



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EFFECTIVE DATE

FILED
13 DEC 16 PH 12: 30
13 DEC 16 PH 12: 30

DEC 18 5013 EXYMMES X. SYLA

то:	Registration S Division of Co		ns		¥		
CLID IE	T Da	na	Good.	Son	Photogr	aphy	
SUBJECT: Name of Limited Liability Company							
The encl	losed Articles of	`Organiza	ation and fee(s) ar	re submitte	ed for filing.		
Please re	eturn all corresp	ondence c	concerning this m	atter to the	e following:		
	Ţ	)an	a Go	nods	on		
-					of Person		
	Da	ha.	Good	son	Photogra	phy	
	Dana Good sun Photography Firm/Company						
_	108 Tumbling Creek Drive						
					dress		
	FZ	- A	ng) ushine	1 1	32097	2_	
St Angustine, FL 32092 City/State and Zip Code dara @ dana goodson photography. com							
dara @ dana-goodsonphotography. com							
		E-mail	address: (to be use	d for future	e annual report notification	n)	
For furth	ner information o	concerning	g this matter, plea	se call:			
Dana	Goods	on		a1 (	104,639	Selephone Number	
		of Person		ar \	Area Code & Daytime T	elephone Number	
Enclose	ed is a check fo	r the foll	owing amount:				
<b>1</b> \$125.0	0 Filing Fee		00 Filing Fee & icate of Status	Ce	55.00 Filing Fee & ertified Copy ditional copy is enclosed)	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		Registr	g Address ation Section on of Corporation	s	Street/Courier Addr Registration Section Division of Corporati		

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE I - Name:</b> The name of the Limited Liability Company is:	FFFECTIVE DATE						
Dana Gordson 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:	Mailing Address:						
108 Tumpling Creek Dr.	108 Tumbling Week Dr						
StAngustine, Florida	St Angustine, FI 32092						
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:							
Dana Goodson Name							
Name							
Name  108 Tumbling Creek Drive  Florida street address (P.O. Box NOT acceptable)  St Angusting 37063							
Florida street address (P.O. Box NOT acceptable)  St Ano 11 Strine / FL 32052  City, State, and Zip							
3 MOUSTINE, E SZUSZ 3							
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

# **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 "MGRM" = Managing Member	Name and Address:
MGRM	Dana Gordson 108 Tumbling Creek Dr. St Angustine, Fi 32092
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date mus prior to or 90 days after the date of filing.)	e date of filing: 11/2014. (OPTIONAL) et be specific and cannot be more than five business days
RECUIRED 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.)

### 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)