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COVER LETTER

Division of Corporations
SUBJECT: Brooks Wilder 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:
Brooks Wilder Whittaker Name of Person
Brooks Wilder Photography Firm/Company
7156 Deerfoot Point Cirlce, Unit 2
City/State and Zip Code Drooks. Wilder @ Omail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brooks Whittakerat (904) 716-1327 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\text{Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy}\$\$ (additional copy is enclosed) \$\text{Certified Copy}\$\$ (additional copy is enclosed)
Mathin Adduna

TO:

Registration Section

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	E I - N	lame:
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The name of the Limited Liability Company is:

Brooks Wilder 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:	Maiung Address:
7154 Deerfoot Point Cir.	7154 Deer Foot Point Cir.
Vni+2	Vni+2
acksonule, Fr 322510	Jacksonville, FL 32256
0	0
ADTICLE III Desistened Agent Desistened Office	P. Doristanad Agant's Signatures

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:

Brooks Wilder Whittaker

Name

7156 Deerfoot Roint Cir., Vnit 2

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

ACKSONVILLE FL 32256

City 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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager	Brooks Whittaker JISLE Decripot Point C Jacksonville, Fr 32251	ir. Unit
		
(Use attachment if necessary)		
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