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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone a	· · · · · · · · · · · · · · · · · · ·
PICK-UP	☐ WAIT	MAIL
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MAY 2 3 2014 J. BRUCE

COVER LETTER

TO: Registration Division of	on Section Corporations				
SUBJECT: <u>Laure</u>	n Kinsey Photography, LLC Name of Li	mited Liability Company			
	es of Organization and fee(s) a	-			
Please return all corr	respondence concerning this n	natter to the following:			
<u>Michae</u>	l Kinsey				
		Name of Person			
<u>Lauren</u>	Kinsey Photography, LLC				
		Firm/Company			
1626 M	oore Street				
		Address			
<u>Niceville</u>	e, FL 32578				
	(City/State and Zip Code			
<u>lauren@laurer</u>	nkinsey.com E-mail address: (to be use	ed for future annual report notifica	ation) $\frac{x}{x^2}$	2014	
For further informati	on concerning this matter, ple	rase call:	<u> </u>	NA.	Mary .
				/祖录 11.) Personal
Michael Kinsey Na	at (at (.850) 491-2413 Area Code Daytime Te	lephone Number 그	1	
Enclosed is a check t	for the following amount:		다. 공항	AHII: O	Marian Car
□ \$125.00 Filing Fee	✓\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fe Certificate of Stat Certified Copy (additional copy is en	ee, us &	
	ailing Address	Street/Courier Add			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Lauren Kinsey Photograp	phy, LLC				
		ited Liability Company, "L.L.C.," o	or "LLC.")	_	
ARTICLE II - Address: The mailing address and stre	eet address of the principa	al office of the Limited Liability Co	ompany is:		
Principal Office Address:		Mailing Address:			
1626 Moore Street		1626 Moore Street		_	
Niceville, FL 32578		Niceville, FL 32578	*****	_	
(The Limited Liability Companother business entity with The name and the Florida st	pany cannot serve as its on an active Florida registratest address of the register that Kinsey	•		ridual o	Dr.
		arric		£	
<u>162</u>	26 Moore Street orida street address (P.O. 1	Pay NOT acceptable)			oge stranom,
Flo	iliua sileel addiess (P.O	Box NOT acceptable)	, , , 5/1		.7 %
	eville	FL 32578		1:0	3
				111: 05	Tara di

(CONTINUED)
Page 1 of 2

ature (REQUIRED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	
MGR	Lauren Kinsey
	1626 Moore Street
	Niceville, FL 32578
MGR	Michael Kinsev
	1626 Moore Street
	Niceville, FL 32578
E V: Effective date, if other than the date ective date is listed, the date must be spe	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days at
E V: Effective date, if other than the date ctive date is listed, the date must be spef filing.)	
E V: Effective date, if other than the date ective date is listed, the date must be spenfilling.)	
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E V: Effective date, if other than the date extive date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90 days at
E V: Effective date, if other than the date extive date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me.	mber or an authorized representative of a member.
E V: Effective date, if other than the date ective date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60)	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document.
E V: Effective date, if other than the date ective date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60) constitutes an affirmation unde	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document.
E V: Effective date, if other than the date ctive date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation unde 1 am aware that any false information constitutes and signature of a mean constitutes and affirmation under the section 60 constitutes and affirmation and affirmation and affirmation and affirmati	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document, or the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date ctive date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me. (In accordance with section 60 constitutes an affirmation unde 1 am aware that any false information constitutes a third degree felonger.	mber or an anthorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document, or the penalties of perjury that the lacts stated herein are true. y as provided for in s.817.155, F.S.)
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EV: Effective date, if other than the date ctive date is listed, the date must be specifiling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation unde I am aware that any false information constitutes a third degree felon Lauren Kinsey	mber or an anthorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document, or the penalties of perjury that the lacts stated herein are true. y as provided for in s.817.155, F.S.)