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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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R. WHITE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Megan Carey Pr Name of Lin	notography LLC nited Liability Company	
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Megan C. (Name of Person	
Megen Carey	Protography U	<u>C</u>
812 Benninge	r Drive Address	
	33510 ity/State and Zip Code	
megan carey Dhotoo E-mail address: (to be used	for future annual report notifica	COW)
For further information concerning this matter, plea		
Megan Carey at (S	Area Code Daytime Tel	7 ephone Number
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\text{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	Street/Courier Addr	****

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

MLED

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED HABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	MAGLAHASS LOTLORDA
Megan Carey Photography L (Must end with the words "Limited L	L C iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
812 Benninger Drive Brandon, FL 33510	812 Benninger Drive Brandon, FL 33510
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or)
The name and the Florida street address of the registered a	
Megan C. Care Name	\
Megan C. Care Name 812 Benninger Florida street address (P.O. Box 1	Drive NOT acceptable)
<u>Brandon</u> City	FL 33510
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this f all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in tre 605, F.S
Weg (Signal	(GENTALD)
Registered Agent's Signatu	ine (vecContent)
(CONTINUE	

Page 1 of 2

"AMBR" = Authorized Member "MGR" = Manager AMBR Megan C. Carey 812 Benninger Drive Brandon, FL 33510		Megan C. Carey 812 Benninger Dri Brandon, FL 33510	Ī	MGR" = Manager
Megan C. Carey 812 Benninger Drive Brandon, FL 33510		Megan C. Carey 812 Benninger Dri Brandon, FL 33511		AMGR
812 Benninger Drive Brandon, FL 33510		812 Benninger Dri Brandon, FC 33510		
Brandon, FC 33510		Brandon, FC 33511		
				
				
				
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	OPTIONAL) days prior to or 9	ng: MAYCH 1, 2015 and cannot be more than five busi	e, if other than the date of fi the date must be specifi	V: Effective date, in tive date is listed, to filling.)
E V: Effective date, if other than the date of filing: March 1, 2015. (OPTIONA ective date is listed, the date must be specific and cannot be more than five business days prior of filing.)			ons, if any.	VI: Other provision
E V: Effective date, if other than the date of filing: March 1, 2015 (OPTIONA ective date is listed, the date must be specific and cannot be more than five business days prior of filing.) E VI: Other provisions, if any.				
of filing.) E VI: Other provisions, if any.				
E VI: Other provisions, if any. REQUIRED SIGNATURE:		00	NATURE:	REQUIRED SIGNA
E VI: Other provisions, if any. REQUIRED SIGNATURE:		10	NATURE:	REQUIRED SIGNA
E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this doc constitutes an affirmation under the penalties of perjury that the facts stated herein are to I am aware that any false information submitted in a document to the Department of Sta	of this document erein are true.	or an authorized representative (3) (1) (b), Florida Statutes, the execupenalties of perjury that the facts stan submitted in a document to the De	Signature of a member rdance with section 603.02 les an affirmation under the are that any false information	(In accorda constitutes I am aware
E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statute, the execution of this doc constitutes an affirmation under the penalties of perjury that the facts stated herein are to	of this document herein are true. hent of State	or an authorized representative (3) (1) (b), Florida Statutes, the execupenalties of perjucy that the facts standard to the Deprovided for in s.817.155, F.S.)	Signature of a member rdance with section 605.02 tes an affirmation under the are that any false information tes a third degree felony as	(In accorda constitutes I am aware

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)