L1500057/87

(Requestor's Name)
(Address)
(Address)
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(0) (0) (7) (0)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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FO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARTMENT OF STATE





COVER LETTER

TO: Registration Division of	7 n Section Corporations			
SUBJECT: BLC	essed Like Tha	t Photography L	LC	
The enclosed Article	s of Organization and fee(s) a	re submitted for filing.		
Please return all corre	espondence concerning this m	atter to the following:		
	Kavotris Ke	shawn Johnson - ,	Moore	
		Shawn Johnson - ,		
		Firm/Company		
	33 Thom	as Ave		
		Address		
	Gretna,	Florida 32332	·	
		Florida 32332 City/State and Zip Code Jahoo. Com d for future annual report notific		
 -	Kayokj. 76@1	Jahoo, com	ation	
,	E-mail address: (to be use	a for future annual report notific	ation)	
For further information	on concerning this matter, ple	ase call:		,
Kayotris Joh	nson-Moore at (850 879 - 960 Area Code Daytime Te	05	
Na	me of Person	Area Code Daytime Te	elephone Number	
				<u>ਹਾਂ</u>
Enclosed is a check f	for the following amount:			5 APR
□ \$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee; Certificate of Status & Certified Copy (additional copy is enclose	
M	ailing Address	Street/Courier Add	上 Iress	20

Mailing Address
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

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

_ blesse	d Like That: lust end with the words "Lim	Phot	ogra	ony LLC		
(M	ust end with the words "Lim	itea Liability	Compan	y, "L.L.C.," or "LLC	.")	
ARTICLE II - Address	s:					
The mailing address and	street address of the princip	al office of th	e Limite	d Liability Company	is:	
Principal Office Addre	:ss:	<u>Maili</u>	ng Addr	ess:		
33 Thomas AVE				mas Ave		
33 Thomas Ave Gretna, Fla 3	2332	Gr	etna	, Florida 32:	332	
	ered Agent, Registered Offi					
	Company cannot serve as its owith an active Florida registr		d Agent.	You must designate	an individual	or
The name and the Florid	da street address of the regist	ered agent are	::			
	Kayotris Johnson A	Moore				
	33 Thomas AV	12				
	Florida street address (P.O.	Box NOT ac	ceptable)		
	Gretna	FL	Ha	32332 ip		
•	City		Z	ip		
the place designated capacity. I further ag	Kazoto K.C.	ccept the appe ons of all stat	ointment utes relat of my pos S.S	as registered agent ar ting to the proper and sition as registered ag	nd agree to act complete perj	t in this formance
		= •				<u>⊅</u> -

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	anich - Marca
AMBR	Christopher Moore
	2012 Flagler St. Quincy, Fla. 32351
	<u> </u>
AMBR	Derrich Reese
	19 Thomas Ave
	Gretna, Fla. 32332
AMBR	16 1 2 1 2
MINDE	<u> </u>
•	33 Thomas Ave. Gretna, Fla. 32338—
	<u> </u>
	
	10 Marie 1971
(Use attachment if necessary)	
•	
LE V: Effective date, if other than t	he date of filing: April 1, 2015 (OPTIONAL)
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LE V: Effective date, if other than the fective date is listed, the date must of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of	yotro K. Am Move The member or an authorized representative of a member.
EV: Effective date, if other than the fective date is listed, the date must of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the fective date, if other than the fective date, if other must be determined as a fective date.	yotro K. Ahm More

Filing Fees:

Kayotris K. Johnson- Moore
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-