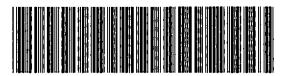
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(Re	equestor's Name)	
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COVER LETTER

Division of	n Section Corporations		
subject: <u>Bu</u>	mblebee Pha	otography, LL nited Hilbility Company	<u>C</u>
The enclosed Articles	s of Organization and fee(s) a	re submitted for filing.	
Please return all corre	espondence concerning this m	natter to the following:	
	Jai	mee Tolle	
	•	Name of Person	
	Bur	1blebee Photog Firm/Company	paphy
	2800 Sanic G	Address	
	Miramor Beau	Ch, PL 3255	υ
/	Tello O love b E-mail address: (to be use	Ch, PL 3255 City/State and Zip Code DUMblebeephot d for future annual report notifica	ography.com
For further information	on concerning this matter, plea	ase call:	
Jaimee To	me of Person at (_		765 lephone Number
Enclosed is a check for	or the following amount:		
□ \$125.00 Filing Fee	\$130.00 Filing Fee & 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)
Mo	iling Address	Street/Courier Add	MOSS

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGK Manager	Jaimee Tolle
	2800 Scenic Gulf DV \$14
	Miramar Beach, FL 32550
AMBR	Benjamin Tolle
	280W Scenic Gull Dr # 14
	Miramar Beach FL 32550
	
/TT 1 10 1	
(Use attachment if necessary)	
E V: Effective date, if other than the ctive date is listed, the date must of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
(Use attachment if necessary) E V: Effective date, if other than the ective date is listed, the date must of filing.) E VI: Other provisions, if any.	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
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ARTICLE IV-