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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Name of Lin	when Photography LLC.
. The enclosed Articles of Organization and fee(s) a	re submitted for filing.
Please return all correspondence concerning this m	natter to the following:
- NANCY	HARRISON Name of Person
Naturally S	Sithern Photography m LLC Firm/Company
9944 Be	AURA RIDGE TRAIL
TALLAHAS	SEE FL 32312 City/State and Zip Code
naturally Southern ph E-mail address: (to be use	notogianis @ 9mail.com d for future annual report notification)
For further information concerning this matter, ple	ase call:
Name of Person at (Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
No. 111	0, 10, 1, 11

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Naturally Southern	Liability Company, "L.L.C., or "LLC.")
(Must end With the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
TALLAHASSEE FL 32312	TALLAHASSET FL. 32312
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own F another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered a	agent are:
NANCY HARRI 9944 Beauca	500
Name	7.2 T
Florida street address (P.O. Box	NOT acceptable)
Tallahassee	
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the oblication. Chapte	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in er 605, F.S
CONTINUE	(D)

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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	NAMAY HARRISON "AMBR"
	TALLAHASSEE FL J2312
	John R. HARRISON 'AMBR'
	9944 BRAVER RIDGE TRAIL
	TALLAHASSEE FL 32312
	
Use attachment if necessary)	
f filing.)	• •
f filing.) E VI: Other provisions, if any.	
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E VI: Other provisions, if any.	
E VI: Other provisions, if any.	Cerni
REQUIRED SIGNATURE: Signature of a member	Occupants of a member,
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.020	3 (1) (b), Florida Statutes, the execution of this document
Signature of a member (In accordance with section 605.020 constitutes an affirmation under the	(3) (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true, in submitted in a document to the Department of State
Signature of a member (In accordance with section 605.020 constitutes an affirmation under the I am aware that any false informatio	(3) (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true, in submitted in a document to the Department of State
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Signature of a member (In accordance with section 605.020 constitutes an affirmation under the I am aware that any false informatio constitutes a third degree felony as page 1997.	(1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State provided for in s.817.155, F.S.)
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