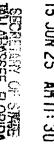
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(	(Requestor's Name)
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Amo Photography LLC
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Paul BARLOW Name of Person
Amo Photography Firm/Company
7817 SE ARRANCE ST
Hobe Sound, Fl 3345  City/State and Zip Code  Ambarlow Ta gmail. com  E-mail address: (to be used for future annual report notification)
Ambarlow 7/2 amail. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Paul Barlow at (561) 445-9356  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 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)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing 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:				
(Must end with the words "Limited L	Amo Photograp Liability Company, "L.L.C.," or "LLC"	ohy 1	LLC	<u> </u>  -
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:	·		
Principal Office Address:	Mailing Address:			
7817 SE ARRANCE St. Hobe Sound, FL 3345S	SAME			
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	tegistered Agent. You must designate an individ	lual or		
The name and the Florida street address of the registered a	_ ,			
- PAUL	BARIOW Name			
_ 7817 <i>SE</i>	ARRANCE ST			
Florida street address (	(P.O. Box NOT acceptable)			
Habe Sound,	Fl 33455 State Zip			
City .	•			
Having been named as registered agent and to accept service place designated in this certificate, I hereby accept the appoin further agree to comply with the provisions of all statutes release from the provisions of all statutes release from familiar with and accept the obligations of my position at	intment as registered agent and agree to act in th ating to the proper and complete performance of	is capacity. my duties, d	I	
Register	red Agent's Signature (REQUIRED)	SECRETARY AND A SECRETARY AND	15 JUN	a
ľ	(CONTINUED)		25	
	Page 1 of 2	H SHIP	AH II: 30	かりで
		×1111	ã	

<u>Title:</u> "AMBR" = Au "MGR" = Man	athorized Member	Name and Address:
AMBR	··	Paul Barlow 7817 SE. ARRANCE ST
		The Sound, Fl 33455
	<u></u>	· · · · · · · · · · · · · · · · · · ·
****		
·	<del>,</del> .	
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(Use attachmer	nt ii necessary)	
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