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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	



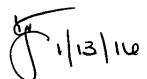


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COVER LETTER

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ТО: , I	Registration Section 🍎 Division of Corporations	•	ø
SUBJECT	Upper Glance Photography, LLC		
SUBJEC	Upper Glance Photography, LLC T:Name of I	Limited Liability Company	
The enclo	sed Articles of Organization and fee(s)	are submitted for filing.	
Please ret	urn all correspondence concerning this	matter to the following:	
	Andrea S. Cox		
		Name of Person	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	6442 Hollywood Blvd		
		Address	
	Sarasota, FL 34231		
	andreacox1@gmail.com	City/State and Zip Code	
	E-mail address: (to be us	ed for future annual report notification)	
For further	information concerning this matter, ple	ase call:	
	Andrea Cox	941 356-0671	
	Name of Person	Area Code Daytime Telephone Number	
Enclosed	is a check for the following amount:		
\$125.00 F	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certific	Filing Fee, cate of Status & d Copy al 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	FILED 16 JAN -4 PH 4: 2 16 JAN -4 PH 4: 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

24

ARTICLE I - Name:				
The name of the Limited Liability	y Company is:			FILED
Upper Glance Photog	raphy, LLC			16 JAN -4 PH 4: 2
(Must end v	vith the words "Limited	d Liability Com	pany, "L.L.C.," or "LLC.")	ECAPIABY AS CITATE
RTICLE II - Address: he mailing address and street ad	ldress of the principal o	office of the Lim	ited Liability Company is:	LONETARY OF STATE ALL ABASE EE, FLORID
<u>Principa</u>	l Office Address:		Mailing Add	ress:
6442 Hollywood Blvd Sarasota, FL 34231	d		5442 Hollywood Blvd Sarasota, FL 34231	
he name and the Florida street a	Andrea S. Cox	u agent are.		
		Name		
	6442 Hollywood Blv	vd		
	Florida street addres	ss (P.O. Box NC	T acceptable)	
	Sarasota	FL	34231	
	City	State	Zip	
wing been named as registered a ace designated in this certificate, other agree to comply with the pro of familiar with and accept the obl	I hereby accept the appovisions of all statutes r	pointment as regi relating to the pro	stered agent and agree to act oper and complete performan	t in this capacity. I nce of my duties, and l
	_ 1	つ	_	

(CONTINUED) Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
'MGR" = Manager AMBR	Andrea S. Cox
AVDR	6442 Hollywood Blvd
	Sarasota, FL 34231
MGR	Andrea S. Cox
	6442 Hollywood Blvd Sarasota, FL 34231
	Salasula, IL 34231
	• • • • • • • • • • • • • • • • • • • •
Use attachment if necessary)	
filing.) he date inserted in this block does no	t meet the applicable statutory filing requirements, this date will n
filing.)	specific and cannot be more than five business days prior to or sometiments applicable statutory filing requirements, this date will not of State's records.
filing.) he date inserted in this block does no tent's effective date on the Departme	t meet the applicable statutory filing requirements, this date will n
filing.) he date inserted in this block does no nent's effective date on the Departme VI: Other provisions, if any.	t meet the applicable statutory filing requirements, this date will n
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filing.) he date inserted in this block does not the department's effective date on the Department's CVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a	t meet the applicable statutory filing requirements, this date will not of State's records. Commended the applicable statutory filing requirements, this date will not of State's records.
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