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COVER LETTER

_	istration Section islon of Corporations		
SUBJECT:	Jessica Derr	Photography e of Limited Liability Company	LLC
30232417	Nam	e of Limited Liability Compan	y
The enclosed	Articles of Organization and f	ee(s) are submitted for filing.	
Please return	all correspondence concerning	this matter to the following:	
	Jessica	Derr	
_		Name of Person	
	Jessica T	Derr Photograp Firm/Company	hy LLC
		Firm/Company	(
_	10643 Eve	ningwood Ct. Address	
		Address	
_	Trinity f	City/State and Zip Code notography @ grobe used for future annual report	
		City/State and Zip Code	
_	E-mail address: (to	be used for future annual repor	t notification)
For further info	ormation concerning this matte		
	_		
_	Jessica Deri	at (904) 625 Area Code Daytime	5-3826
	Name of Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the following amour	it:	
\$125.00 Fili	ng Fee \$130.00 Filing F Certificate of Sta		Certificate of Status &
	Mailing Address	Street Add	ress
	New Filing Section	New Filing	
	Division of Corporations P.O. Box 6327	Division of Clifton Bui	Corporations Iding
	Tallahassee, FL 32314		ıtive 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 Liability	Company, "L.L.C.	," or "LLC.")	
	·			
RTICLE II - Address:	Advance of the resident of Con of the	a Limited Liebilite	Commonwia	
maning address and street a	ddress of the principal office of th	ie Limited Liability	Company is:	
<u>Princip</u>	al Office Address:		Mailing Address:	
101/12 Euro	and Ct	101.112	Talana an ann	ad 64
10643 EVENI.	ngwood Ct 34655	10693 Trivitu	Evening WOO FL 346	55 CF
7.1/1110 12	J (635	1. 77.11.4	710	
FICLE III - Registered Ag	ent, Registered Office, & Regist			
TICLE III - Registered Age Limited Liability Company ther business entity with an	ent, Registered Office, & Regist vannot serve as its own Registere active Florida registration.)	ed Agent. You must		
TICLE III - Registered Age Limited Liability Company other business entity with an	ent, Registered Office, & Regist vannot serve as its own Registere active Florida registration.)	ed Agent. You must		ual or
RTICLE III - Registered Age to Limited Liability Company other business entity with an a	ent, Registered Office, & Regist vannot serve as its own Registere active Florida registration.)	ed Agent. You must		ual or
TICLE III - Registered Age Elimited Liability Company ther business entity with an a	ent, Registered Office, & Regist of cannot serve as its own Registered active Florida registration.) address of the registered agent are the server of the registered agent are not server of the registered agent agen	ed Agent. You must e: De 17	designate an individ	ual or \$10.54 17 87
RTICLE III - Registered Agne Limited Liability Companyother business entity with an	ent, Registered Office, & Regist vannot serve as its own Registere active Florida registration.)	ed Agent. You must e: De 17	designate an individ	ual or SELSA 17 07 31 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TICLE III - Registered Age Limited Liability Company ther business entity with an	ent, Registered Office, & Regist of cannot serve as its own Registered active Florida registration.) address of the registered agent are the server of the registered agent are not server of the registered agent agen	ed Agent. You must e: De ((en ingwood ox NOT acceptable	designate an individu	ual or \$10.54 17 87

further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Page 1 of 2

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Membe "MGR" = Manager	Name and Address:
AMBR	Jessica Dell 10643 Eveningwood Ct
	Trinity FL 34656 70 5
(Obe unachine in hocessary)	
EV: Effective date, if other that ctive date is listed, the date mef filing.)	n the date of filing:
EV: Effective date, if other that ctive date is listed, the date me filling.) the date inserted in this block denent's effective date on the Department.	ust be specific and cannot be more than five business days prior to or 90 closs not meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than ctive date is listed, the date me f filing.) the date inserted in this block dinent's effective date on the Dep EVI: Other provisions, if any.	ust be specific and cannot be more than five business days prior to or 90 closs not meet the applicable statutory filing requirements, this date will not be
ective date is listed, the date manifiling.) the date inserted in this block depends on the Dependent's effective date on the Dependent of the	ust be specific and cannot be more than five business days prior to or 90 closs not meet the applicable statutory filing requirements, this date will not be
E V: Effective date, if other that ective date is listed, the date me filling.) the date inserted in this block dinent's effective date on the Depte E VI: Other provisions, if any. REOUIRED SIGNATURE: Signatur This document I am aware that	does not meet the applicable statutory filing requirements, this date will not be partment of State's records. The first remaining the statutory filing requirements, this date will not be partment of State's records. The first remaining the statutory filing requirements, this date will not be partment of State will not be partment of State any false information submitted in a document to the Department of State.