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COVER LETTER \$

TO:	Registration Section Division of Corporations
CHIBIT	WARREN FOTOGRAFIE
SUBJI	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	WOODARD WARREN
	Name of Person
	WARREN FOTOGRAFIE
	Firm/Company
	2471 NW 26 AVENUE
	Address
	FORT LAUDERDALE, FL 33311
	City/State and Zip Code warrenfotografie@gmail.com
	E-mail address: (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:
	WOODARD WARREN 954 871 - 1084
	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$125.0	0 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	WARREN FOTOGRA	AFIE, LLC
	(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II -	Addrace.	
	dress and street address of the principal office of t	he Limited Liability Company is:
	Principal Office Address:	Mailing Address:
	3550 NW 18 PLACE	2471 NW 26 AVENUE
	JJJU I TO I LIFTCE	

The name and the Florida street address of the registered agent are:

WOODAR	RD WARREN	
Na	ame	
2471 NW 2	6 AVENUE	
Florida street address (P.	O. Box <u>NOT</u> a	acceptable)
FORT LAUDERDALE	FL	33311
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper or 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	WOODARD WARREN
	3550 NW 18 PLACE
	FORT LAUDERDALE, FL 33311
AMBR	ANGELA WARREN
7 MIDI	2471 NW 26 AVENUE
	FORT LAUDERDALE, FL 33311
(Use attachment if necessary)	
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