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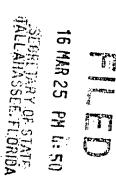
| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | idress) | |
| (Ac | ddress) | .== |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL. |
| (Bu | usiness Entity Nan | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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02.30.19

COVER LETTER

| SUBJECT | Sean Gill Photography, LLC | |
|----------------|--|---|
| SUBJECT | Name of Li | imited Liability Company |
| The enclos | sed Articles of Organization and fee(s) a | are submitted for filing. |
| Please retu | urn all correspondence concerning this m | natter to the following: |
| | Sean Gill | |
| | • | Name of Person |
| | Sean Gill Photography | |
| | | Firm/Company |
| | 10283 Blossom Lake Dr | |
| | | Address |
| | Seminole, FL 33772 | |
| | | City/State and Zip Code |
| <u> </u> | seangill23@gmail.com | |
| | E-mail address: (to be use | d for future annual report notification) |
| For further in | information concerning this matter, please | se call: |
| | Sean Gill 8 | 313 220-7932 |
| | | Area Code Daytime Telephone Number |
| Enclosed is | s a check for the following amount: | |
| \$125.00 Fi | _ | \$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 | Street Address |
| | New Filing Section | New Filing Section |

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

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Sean Gill Photogra (Must er | apny LLC nd with the words "Limited | d Liability Company, | "L.L.C.," or "LLC.") | | |
|--|---|--|---|---|----------------------------|
| ARTICLE II - Address: The mailing address and stree | t address of the principal o | office of the Limited | Liability Company is: | | |
| <u>Princ</u> | cipal Office Address: | | Mailing Address: | | |
| 10283 Blossom La | ake Dr | 1028 | 3 BlossomLake Dr | | |
| Seminole, FL 337 | 72 | Semi | nole, FL 33772 | | |
| | | | | | |
| (The Limited Liability Compa another business entity with a | any cannot serve as its own an active Florida registration | Registered Agent. Yon.) | t's Signature: You must designate an individual or | 基 | rod pagi |
| (The Limited Liability Compa another business entity with a | any cannot serve as its own an active Florida registration | n Registered Agent. Yon.) d agent are: | | 16 HAR 2 | |
| (The Limited Liability Compa another business entity with a | any cannot serve as its own an active Florida registration et address of the registered | Registered Agent. Yon.) | ou must designate an individual or | 16 HAR 25 | |
| (The Limited Liability Compa another business entity with a | any cannot serve as its own an active Florida registration et address of the registered | n Registered Agent. Yon.) d agent are: | ou must designate an individual or | 16 HAR 2 | CANADA CANADA |
| (The Limited Liability Compa another business entity with a | any cannot serve as its own an active Florida registration et address of the registered Sean Gill | n Registered Agent. Yon.) d agent are: Name | ou must designate an individual or | 16 MAR 25 PH IN SEGRETARY OF STATEMENT AND ARRESTS FROM | CANADA CANADA |
| ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida stre | any cannot serve as its own an active Florida registration et address of the registered Sean Gill 10283 Blossom Lake | n Registered Agent. Yon.) d agent are: Name | ou must designate an individual or | 16 MAR 25 PH | Constitution of the second |

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 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

| litle: | Name and Address: |
|--|--|
| AMBR" = Authorized Member | |
| MGR" = Manager MGR | Sean Gill |
| WUK | 10283 Blossom Lake Dr |
| | Seminole, FL 33772 |
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| V: Effective date, if other than the tive date is listed, the date must b filing.) | date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not |
| V: Effective date, if other than the tive date is listed, the date must b filing.) ne date inserted in this block does nent's effective date on the Department. | e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not |
| ctive date is listed, the date must be filing.) the date inserted in this block does need at the Department's effective date on the Department's VI: Other provisions, if any. | e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not |
| V: Effective date, if other than the tive date is listed, the date must b filing.) ne date inserted in this block does nent's effective date on the Departm VI: Other provisions, if any. | e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not |
| V: Effective date, if other than the tive date is listed, the date must be filing.) the date inserted in this block does nent's effective date on the Department's effective date on the Department. VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of: | not meet the applicable statutory filing requirements, this date will not ment of State's records. The applicable statutory filing requirements, this date will not ment of State's records. |
| V: Effective date, if other than the tive date is listed, the date must be filing.) the date inserted in this block does rent's effective date on the Department's effective date on the Department's Other provisions, if any. EQUIRED SIGNATURE: Signature of a company of this document is expected. | not meet the applicable statutory filing requirements, this date will not ment of State's records. The amember of an authorized representative of a member. The amember of an authorized statutory filing requirements, this date will not ment of State's records. |
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| V: Effective date, if other than the tive date is listed, the date must b filing.) ne date inserted in this block does rent's effective date on the Departm VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a This document is ex I am aware that any constitutes a third december 1. | not meet the applicable statutory filing requirements, this date will not ment of State's records. The amember of an authorized representative of a member. The accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State. |