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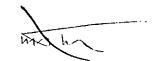




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COVER LETTER

то:	Registration Section Division of Corporations
CHDIE	Amelia Island School of Photography, LLC
SUBJE	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:
	Leanore E. Gallardo
	Name of Person
	Amelia Island School of Photography, LLC
	Firm/Company
	318 South 6th Street
	Address
	Fernandina Beach, Florida 32034
	City/State and Zip Code leagallardo/æjaol.com
	E-mail address: (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:
	Lea Gallardo 703 304-7183
	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
] \$125.0	S155.00 Filing Fee & S160.00 Filing Fee. Certificate of Status (additional copy is enclosed) S160.00 Filing Fee. Certified Copy (additional copy is enclosed)

Mailing Address

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

Amelia Island School of Photography, LLC. (Must end with the words "Limited Liability")	Company, "L.L.C.," or "LLC.")
RTICLE II - Address: the mailing address and street address of the principal office of the Principal Office Address:	e Limited Liability Company is: Mailing Address:
318 South 6th Street, Fernandina Beach, FL 32034	318 South 6th Street, Fernandina Beach, FL
	

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

David Lewin		
	Name	
122 North 15th Street		
Florida street address	(P.O. Box <u>NOT</u> ac	rceptable)
Fernandina Beac	FL	32034
City	State	Zin

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. Thereby 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.

(CONTINUED)

Signature (REQUIRED)

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SECRETARITY STATE

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
ambr .	Leanore E. Gallardo
	318 South 6th Street
	Fernandina Beach, FL 32034
	1974
	150
fective date is listed, the date must	e date of filing: <u>June 15, 2016</u> . (OPTIONAL) be specific and cannot be more than five business days prior to or 90 da
.E.V: Effective date, if other than the fective date is listed, the date must of filing.)	be specific and cannot be more than five business days prior to or 90 da not meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 da not meet the applicable statutory filing requirements, this date will not be
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\$ 5.00 Certificate of Status (Optional)

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SECRUTARY OF STATE
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