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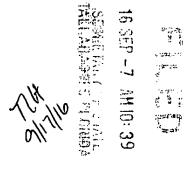
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

	Registration Section Division of Corporations	
SUBJEC	Lens Photo World, LLC	
SOBJEC		e of Limited Liability Company
The enclo	osed Articles of Organization and f	ree(s) are submitted for filing.
Please re	turn all correspondence concerning	g this matter to the following:
	Bruce Len	
		Name of Person
	Lens Photo World, LLC	
		Firm/Company
	6833 Barbarossa St	
		Address
	Boca Raton	
		City/State and Zip Code
	boruch@lensphotoworld.com	
	E-mail address: (to	be used for future annual report notification)
For further	information concerning this matte	r, please call:
	Bruce Len	954 406-7635 at ( )
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following amoun	nt:
\$125.00	Filing Fee \$130.00 Filing F Certificate of St	
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations

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

Lens Photo World	LLC			
	d with the words "Limited	Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal o	office of the Limited	Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Ad	dress:
6833 Barbarossa St			Barbarossa St	
Boca Raton, FL 33	433	Boc	a Raton, FL 33433	<del> </del>
another business entity with an The name and the Florida stree	_			
		Name		
	6833 Barbarossa St	(D.O. D. NOT		
	Florida street addres	s (P.O. Box <u>NOT</u> a	eceptable)	
	Boca Raton City	FL State	33433 Zip	
	ŕ		•	
Having been named as registered place designated in this certificate further agree to comply with the pam familiar with and accept the complexity.	e, I hereby accept the apported in the compositions of all statutes re	ointment as register elating to the proper	ed agent and agree to a and complete performa	ct in this capacity. I ance of my duties, and I
	Regis	ered Agent's Signat	ure (REQUIRED)	- 75 S
		(CONTINUED)		

		Name and Address:	
"AMBR" = Authorized	Member		
"MGR" = Manager MGR		Bruce Len	
MGK		6833 Barbarossa St	
		Boca Raton, FL 33433	
		soca statota, 12 20 100	
(Use attachment if nece	`		
(Osc attachment if fice	ssai y ,		
ective date is listed, the of filing.) the date inserted in this	date must be specific an	c: (OPT d cannot be more than five business days applicable statutory filing requirements, this records.	prior to or 90
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ARTICLE IV-