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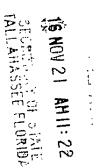
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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11/23/16

COVER LETTER

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Division of Corporations
SUBJECT: Tarboe Photography, LLC Name of Limited Libility Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jillian Jarboe
Name of Person
Firm/Company
12288 NW 69th Ct.
Address
12288 NW 69th Ct. Address Parkland, FL. 33076
City/State and Zin Code
Tarboephotography@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jillian Tarboe at 954 600-3084
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address

TO:

Registration Section

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jarboe Photography, 1	LC
(Must end with the words Unnited Liability Con	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Li	mited Liability Company is:
Principal Office Address:	Mailing Address:
12288 NULL 169th Ct.	12288 NW 69th ct.
Parkland FL. 33076	Parkland, FL. 33076
ARTICLE III - Registered Agent, Registered Office, & Registered	
(The Limited Liability Company cannot serve as its own Registered A another business entity with an active Florida registration.)	gent. You must designate an individual or
The name and the Florida street address of the registered agent are:	
·	N O O
Jillian Jarboe	<u> </u>
Name	ma 😕 🚶
12288 NW 69"	4 플로
Florida street address (P.O. Box	
Parkland FI	33076 PAR N
City State	Zip
•	•

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..

Having been named as registered agent and to accept service of process for the above stated limited liability company at the

(CONTINUED)

Segistered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
	-
"MGR" = Manager	Jillian Jarboe
	12288 NW 69th Ct.
	farkland, Fi. 33076
ffective date is listed, the date must be	ate of filing: November 15 th 2016. (OPTIONAL) specific and cannot be more than five business days prior to or 90 day
CLE V: Effective date, if other than the diffective date is listed, the date must be of filing.) If the date inserted in this block does not be determined.	specific and cannot be more than five business days prior to or 90 day of meet the applicable statutory filing requirements, this date will not be
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ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)