L176000099904

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	· · · · ·
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		į
		i

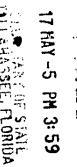
Office Use Only

N. SAMS MAY 0 8 2017



600298674586

05/05/17--01026--002 **130.00



COVER LETTER

10:	New Finng Section Division of Corporations		
SURIE	SONJA REVELLS PHOTOGR		
20036	Name (of Limited Liab	lity Company
The end	closed Articles of Organization and fee	(s) are submitte	d for filing.
Please	return all correspondence concerning th	is matter to the	following:
	DAVID M. RUTHERFORD		
		Name o	f Person
	DAVID M. RUTHERFORD, INC	COME TAX SP	ECIALIST
		Firm/C	ompany
	P.O. BOX 5530		
		Add	ress
	SANTA ROSA BEACH FL 324	59	
	COUNTRYPRO1@AOL.COM	City/State a	nd Zip Code
		used for future	annual report notification)
For furth	er information concerning this matter, p	olease call:	
	SONJA REVELLS	850 at (960-2224
	Name of Person	,———	Daytime Telephone Number
Enclose	ed is a check for the following amount:		
]\$125.0	0 Filing Fee \$\frac{1}{\sqrt{130.00 Filing Fee}}\$Certificate of Statu	s ——Certif	00 Filing Fee & \$160.00 Filing Fee, Ged Copy nal copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section		Street Address New Filing Section
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabi				
	my Company is.		·	TLED
COMIA DEMENTE				17 MAY -5 PM 3:
	SPHOTOGRAPHY, L.L.C. ntain the words "Limited Liab	ility Compose		
(IVIUSI COI	main the words. Elimited Elac	ниу Сошрану	, L.L.C., or LEC.	TALLAHASSEE, FLOR
RTICLE II - Address:				MOSEE, FLOR
ne mailing address and street	address of the principal office	e of the Limite	d Liability Company is:	
<u>Princi</u>	ipal Office Address:		Mailing Addre	<u>ess</u> :
328 BEACON WA	.Y	328	BEACON WAY	
SANTA ROSA BE	EACH FL 32459		NTA ROSA BEACH FL	32459
other business entity with an	active Florida registration.)			
ne name and the Florida stree	et address of the registered age	ent are:		
ne name and the Florida stree	Ů,	ent are:		
ne name and the Florida stree	SONJA J. REVELLS	ent are:		
ne name and the Florida stree	SONJA J. REVELLS			
ne name and the Florida stree	SONJA J. REVELLS	ame	acceptable)	
ne name and the Florida stree	SONJA J. REVELLS Na 328 BEACON WAY	o. Box <u>NOT</u>	acceptable) 32459	

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	CONIA IDENCII C
MGR	SONJA J REVELLS 328 BEACON WAY
	SANTA ROSA BEACH FL 32459
	SANTA ROSA BEACH FL 32439
	INTENTIONALLY LEFT BLANK
	TOTAL DESTRUCTION OF THE PROPERTY OF THE PROPE
•	
	INTENTIONALLY LEFT BLANK
	NITCHTONIALL NA PET DI ANIV
	INTENTIONALLY LEFT BLANK
	
E V: Effective date, if other than the	e date of filing: MAY 1, 2017 (OPTIONAL)
ective date is listed, the date must lof filing.)	be specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not b
E V: Effective date, if other than the ective date is listed, the date must of filing.) the date inserted in this block does ment's effective date on the Department of the De	be specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not b
E V: Effective date, if other than the ective date is listed, the date must of filing.) the date inserted in this block does ment's effective date on the Department's effective date of the Department's effective date of the De	be specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not b ment of State's records.
E V: Effective date, if other than the ective date is listed, the date must of filing.) the date inserted in this block does ment's effective date on the Department's effective date on the Department E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of This document is eliam aware that any	not meet the applicable statutory filing requirements, this date will not be ment of State's records. Amendment of an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes. False information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-

