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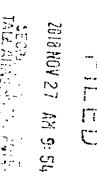
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PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name)	
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVÉR LETTER

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TO: New Filing Section Division of Corporations
SUBJECT: One Salty Mermaid Diving and Photography
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Taylor Michelle Cardofa Name of Person
One Salty Mermaid Diving and Photography
4114 Worlington Terrace
FULL PIECE, F. 34947 City/State and Zip Code Taylor. Cardoral Tagmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tayler Carclo22 at (177) 979.4388 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & Certificate of Status S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

One Salty Mermaid Dir (Must contain the words "Limited Liability	ving and Photography LLC Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of t	he Limited Liability Company is:
Principal Office Address:	Malling Address:
- Top Pierce) F1 34947	4114 Lerlington Terrace

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Taylar Cardoza

Name

414 Workington Terrace

Florida street address (P.O. Box NOT acceptable)

For Pierre, Fl. 34947

City State Zip

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)

Title:	thorized Member	Name and Address:
"MGR" = Mai		Taylor Cardona 4114 Worlington Terrace Fort Pieros FI 34947
		
EV: Effective ective date is liffiling.)	date, if other than the date of sted, the date must be speci	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 da
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