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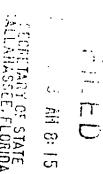
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Submission Entity Flame)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Taylor Jean Photography Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Taylor Thomas Name of Person
Taylor Jean Photography Firm/Company
1725 SW 13th court
Ft. Lauderdale, FL 33312 City/State and Zip Code taylor Jeanphoto @ gmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Taylor at 954, 849-2148 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee \$\times \times \ti

Mailing Address

New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Taylor Jean Photogra	
(Must contain the words "Limited Liability Con	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the L	imited Liability Company is:
Principal Office Address:	Mailing Address:
1725 SW 13th court	1725 SW 13th court
Fort lauderdale, FL	Fort Lauderdale, FL
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Another bysiness entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	
The name and the Frontia steer address of the registered agent are.	
<u>Taylor</u>	Thomas
1725 SW 13 ^V Florida street address (P.O. Box 1	
Ft. Lawrerclase FC	. 33312

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..

City

State

egistered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR - Manager MGR	Taylor Thomas
	1725 SW 13th Court
	Fort Lauderdale, FL 333/2
	
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/	
(Use attachment if necessary)	
the date of filing.)	ate of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	L'Thomas
Signature of a This document is exc I am aware that any fa	member or an authorized representative of a member. Secuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
	aulor Thomas
	Typed or printed name of signee

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)

Notarized affidavit

I, Taylor J. Thomas, am requesting a name release for Taylor Jean Photography INC. Document # P21000038208. This business, Taylor Jean Photography is owned by me, and I want to release the name in order to use it as a new entity.

Taylor J Thomas

DARIN WOLFE
MY COMMISSION # HH12285
EXPIRES: August 09, 2024