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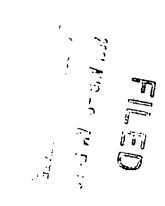
(Re	questor's Name)		
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PICK-UP	WAIT	MAIL	
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Certified Copies	_ Certificates	s of Status	
Special Instructions to I	Filling Officer:		

Office Use Only



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COVER LETTER

	w Filing Se vision of Co					
SUBJECT:	Beth Irela	nd Studio				
		Nam	e of Limited Liab	ility Company		
The enclose	d Articles of	f Organization and f	ee(s) are submitte	ed for filing.		
Please return	n all corresp	ondence concerning	this matter to the	e following:		
	Beth Ireland	i				
-			Name o	of Person		-
	Beth Ireland	I Studio				
-			Firm/C	Company		_
	1126 22nd A	Avenue North				
-			Add	dress		_
	St Petersbui	g, Florida 33704				
- b	eth.ireland@	verizon,net	City/State a	nd Zip Code		_
_			e used for future	annual report notificat	ion)	_
For further inf		ncerning this matter		·	,	~ 3
i 	Beth Ireland		617 at (519-5022	•	50
	Nam	e of Person	Area Code	Daytime Telephor	ne Number	٠÷، ر
Enclosed is a	check for t	he following amoun	ŧ:		,	7
□\$125.00 F	iling Fee	■\$130.00 Filing Certificate of Sta	tus Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	☐\$160.00 Filing For Certificate of Status Certified Copy (additional copy is enc	&
	New F Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810	

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited L	iability Company is:		
Beth Ireland Stu	0		
	contain the words "Limite	d Lightlity Company	W. L. C. W. W. L. C. W.
(***43	contain the words. Filliffe	u clability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and str	eet address of the principa	l office of the Limited	Liability Company is:
Principal Office Address:			Mailing Address:
1126 22nd Ave N	orth	1126	22nd Ave North
St Petersburg, Flo	orida		tersburg, Florida
33704		3370	
The name and the Florida st	reet address of the registere Beth Ireland	ed agent are:	
		Name	
	1126 22nd Ave North		
	Florida street addre	ess (P.O. Box NOT ac	ceptable)
	St Petersburg	Florida	33704
	City	State	Zip
irther agree to comply with ti	caie, i nereby accept the ap he provisions of all statutes he obligations of my position	pointment as registered relating to the proper t	above stated limited liability company at the lagent and agree to act in this capacity. I and complete performance of my duties, and provided for in Chapter 605, F.S

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Both Ireland
	1126 22nd Avenue North,
	St Petersburg, Florida 33704
AMBR	C-the Dura
	Gretchen Burger 209 Maple Ave #1
	Kerhonkson, NY 12446
(if all effective date is listed, the date must (the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records.
ARTICLE VI: Other provisions, if any.	
This document is e	a member or 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 egree felony as provided for in s.817.155, F.S. 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)