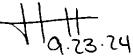
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	(Requestor's Name)			
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	(City/State/Zip/Phone #)			
PICK-U	WAIT MAIL			
	(Business Entity Name)			
<u> </u>	(Document Number)			
Certified Copies	Certificates of Status			
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Special Instructions to Filing Officer:				
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Office Use Only



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SECRETARY OF STATE
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COVER LETTER

New Filing Section Division of Corporations

New Filing Section

P.O. Box 6327 Tallahassee, Fl. 32314

Division of Corporations

TO:

4

New Filing Section Division

2415 N. Monroe Street, Suite 810

The Centre of Tallahassee

Tallahassee, FL 32303

SUBJECT:	SUPREME	SHOTS	PHOTOG	RHPHY
30b3t.e1		imited Liability Compar		_
The enclosed Ar	ticles of Organization and fee(s):	are submitted for filing.		
Please return all	correspondence concerning this 1	natter to the following:		
	ANTHONY	J. OLI	VOLO	
-		Name of Person		
2	SUPREME SHO	OTS PHO) TO GRAP!	4 /
		Firm/Company		
	3182 NAU	TILUS	ROAD	_
		Address		
1	4I DOLEBU			<u> </u>
· · ·		City/State and Zip Code		nΜ
204	REMESHOTS PHOT E-mail address; (to be use			
		·	it notification;	
	ation concerning this matter, plea			
ANTHON	Y J. OLIVOLO	904 469	5-6524	
/ (Name of Person	Area Code Daytim	e Telephone Number	
		,		
Enclosed is a che	eck for the following amount:		l.	
□\$125.00 Filing	g Fee	€ □\$155.00 Filing Certified Copy (additional copy is e	dertific enclosed) Certifie	.00 Filing Fee, rate of Status & d Copy al copy is enclosed)
	Mailing Address	Street Ado	<u>dress</u>	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SUPREME SHOTS PHOTOGRAPHY, LLC.

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
3182 NAUTILUS RO	3182 NAUTILUS RD
HTOOLEGURG, FL	MIDOLEBURG, FL
₹2,068	32068
<u> </u>	·

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:

AUTHONY J. OLIVOLO

Name

3182 NAUTILUS RO

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

MIOOLEBURG, FL 32068

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. Thereby 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: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	ANTHONY J. OLIVOLO
AMBR	SCOTT A. OLIVOLO
	MIDDLEBURG, TL 32068
- Control - Cont	
	
(Use attachment if necessary)	
(If an effective date is listed, the date must be spetthe date of filing.)	of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is execute I am aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
ANTHO	Typed or printed name of signee

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)