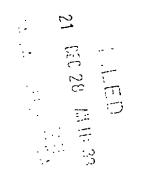
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T. LEMIEUX JAN - 5 2022

COVER LETTER

TO:

9110-16	Photography Artists Studios				
Photography Artists Studios UBJECT: Stame of Limited Liability Company					
he cu	losed "Application by Foreign Limited Liability C	ompany for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florid			
lease :	return all correspondence concerning this matter to	the following:			
	Chase Imhot				
	**************************************	Name of Person			
	Photography Artists Studios				
	Firm/Company				
	1010 Seminole Dr #305				
	Address				
	Fort Landerdale, FL 33304				
	Ci	ty/State and Zip Code			
	chase@photography.aristsstudios.com				
	£-mail address: (to be	used for future annual report notification)			
l or fur	ther information concerning this matter, please call	l:			
	Chase Imhof	954 993-7646			
	Name of Contact Person	Area Code Daytime Telephone Number			
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (05,000), FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA: Photography Artists Studios, LLC 68ame of Foreign Limited Liability Company, must include "Limited Fiability Company," T. L.C. "or "LLC"). At name analyzatable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name most include. Limited Liability Company, 21.1 (- or 3.432) Wyoming Court abetion under the law of which foreign lumited habitive company is organized) 12/15/21 (Dute first transacted business ar Horida, if prior to registration). (See sections 608/0901 & 608/0903, F.S. to determine penalty hability). 30 N. Gould Street 1010 Seminole Dr. 6. (Maline Address) cation Address of Principal Officer Suite R Sheridan, WY 82801 Fort Landerdale, FL 33304 ". Name and street address of Florida registered agent: (P.O. Box. <u>NOT</u> acceptable) Chase Imbol. Name: 2598 Sunrise Blvd, Suite 2117 Office Address: Fort Lauderdale, Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company of the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. Islather agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and Izam familiar with and accept the obligations of my position as registered agent.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
⊞ Manager	Name:	⊞ Manager	Name: Safak Almali
TMember	Address: 2598 Sumrise Blvd	□Member	Address: 2598 Sunrise Blvd
FirAuthorized	Suite 2117	□Authorized	Suite 2117
Person	Fort Lauderdale, FL 33304	Person	Fort Lauderdale, FL 33304
	unsel CFO	≡ Other	
TJManager	Name:	□Manager	Name:
TiMember	Address:	□Member	Address:
[]Authorized		□Authorized	
Person		Person	
[]Other	[Fother	□Other	□ Other
Ti-Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
[]Other		□Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

4. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

16. This document is executed in accordance with section 605,0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felon; as provided for in s.817.155, F.S.

Single of an authorized person

CHASE IMHOF

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Photography Artists Studios LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **May 13, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000855937**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 13th day of December, 2021 at 3:42 PM. This certificate is assigned ID Number 048604936.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.