

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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2002 OCT -3 PM 1:41

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Creative Projects LLC

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-10/03/02--01039--016

****125.00 ****125.00

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____

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02 OCT '03 AM 11:30

Signature _____

Requested by _____

AW

10/3

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

J. BRYAN OCT - 3 2002

ARTICLES OF ORGANIZATION OF
CREATIVE PROJECTS, LIMITED LIABILITY COMPANY

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

The undersigned, being authorized to execute and file these Articles, hereby certifies
that:

ARTICLE I - NAME:

The name of the Limited Liability Company is Creative Projects, LLC.

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is 1408 East Blount Street, Pensacola, Florida 32503.

ARTICLE III - DURATION:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - MANAGEMENT:

The Limited Liability Company is to be managed by the members and the names and addresses of the managing members are:

Celestine Lewis
1408 East Blount Street
Pensacola, Florida 32503

Pensacola Family Care for Youth & Family #N38458
Services, Inc., a Florida Corporation Not for
Profit
422 North Baylen Street
Pensacola, Florida 32501

ARTICLE V - REGISTERED AGENT, REGISTERED OFFICE
AND REGISTERED AGENT'S SIGNATURE:

The street address of the initial registered office of this corporation in the State of Florida and the name of its initial registered agent at that office is as follows:

Celestine Lewis
1408 East Blount Street
Pensacola, Florida 32503

Having been named as registered agent and to accept service or 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 608, Florida Statutes.

Celestine Lewis
CELESTINE LEWIS
Registered Agent

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 2nd day of October, 2002.

Celestine Lewis
CELESTINE LEWIS

PENSACOLA FAMILY CARE FOR YOUTH
& FAMILY SERVICES, INC., a Florida
Corporation Not for Profit

By: Charles D. Parker
Its: CHARLES D. PARKER

STATE OF FLORIDA
COUNTY OF ESCAMBIA

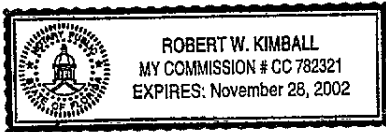
The foregoing instrument was acknowledged before me this 2nd day of October, 2002, by CELESTINE LEWIS, individually, who produced a driver's license as identification.

LINDA A. CREWS
Notary Public-State of FL
Comm. Exp. Oct. 17, 2004
Comm. No. DD 012211

Sign: Linda A. Crews
Print: LINDA A. CREWS
NOTARY PUBLIC - STATE OF FLORIDA
My Commission Expires: 10-17-04
My Commission Number: DD 012211

STATE OF FLORIDA
COUNTY OF ESCAMBIA

The foregoing instrument was acknowledged before me this 2 day of October, 2002, by Charles D. Parker as President of Pensacola Family Care for Youth & Family Services, Inc., a Florida Corporation Not for Profit, who produced a driver's license as identification.



Sign: [Signature]
Print: _____
NOTARY PUBLIC - STATE OF FLORIDA
My Commission Expires: _____
My Commission Number: _____

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