P.01

Florida Department of State

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VISION OF CORMORATION

LIMITED LIABILITY COMPANY

Inventive Creations LLC

Certificate of Status	0
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MINISTER STATIONS

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FAX AUDIT # 1040001373913

ARTICLES OF ORGANIZATION OF Inventive Creations LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Inventive Creations LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 2113 Harvard Ave., Ft. Myers, Florida 33907.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Sierra Rose, 275 Porto Alegre Street, Punta Gorda, Florida 33983. Located in the County of Charlotte.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2044.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Kelly Hill, 2113 Harvard Ave., Ft. Myers, Florida 33907

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200, Madison, WI 53717

(608) 827-5300

FAX AUDIT # 10400/3739/3

JUL-01-2004 08:52 FAX AUDIT # <u>T DY CD5 1 S 1 3 11 U S</u>

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Inventive Creations LLC

The name and address of the registered agent and office is: Sierra Rose, 275 Porto Alegre Street, Punta Gorda, Florida 33983. Located in the County of Charlotte.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: Lena P

Sierra Rose

Date: June 25, 2004

TILE WID: 29

MALLAHASSEE, FLORIDA

VALLAHASSEE, FLORIDA

FAX AUDIT # + 104000 137 3913