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(Requ	uestor's Name)	
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PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only

G. MCLEOD

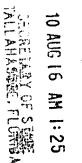
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EXAMINER



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COVER LETTER

TO:

Registration Section

Division of Co	rporations			
SUBJECT: CREATI	ON THROUGH CONS	TRUCTION	LLC	
	Name of Limit	ed Liability Co	mpany	
The enclosed Articles of	f Organization and fee(s) are	submitted for f	iling.	
Please return all corresp	ondence concerning this matt	ter to the follow	ving:	
			_	
WILLIAM CAP	RTER			
		Name of Persor		
CREATION T	HROUGH CONSTRUCT	TION		
		Firm/Company	,	
1545 4000	N DOAD			
1545 LAGOO	N ROAD	Address		
		ridaress		
LAKELAND, F	FLORIDA 33803			
	Cit	y/State and Zip (Code	
FLTAXACCO	UNTING@EARTHLINK.			
	E-mail address: (to be used t	for future annual	report notification)	
For further information	concerning this matter, please	e call:		
WILLIAM CARTER			0004040	
WILLIAM CARTER	of Person	_ at (9331648 Code & Daytime Tele	anhana Numbar
		7 tiou C	sode de Baytime Ten	optione (vanioe)
Enclosed is a check for	or the following amount:			
□\$125.00 Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	■\$155.00 F Certified (additional		1 \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regis Divis Clifto 2661	et/Courier Address stration Section sion of Corporation on Building Executive Center (hassee, FL 32301	s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company	is:			
CREATION THROUGH CONSTRUC	TION LLC			
	iability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
The mailing address and street address of the	principal office of the Limited L	iability C	ompa	any is:
Principal Office Address:	Mailing Address:			
1545 LAGOON ROAD	1545 LAGOON ROAD			
LAKELAND, FL. 33803	LAKELAND, FL. 33803			
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)				
The name and the Florida street address of the	ne registered agent are:	$\mathbf{Z}_{\mathcal{Q}}$	10	
WILLIAM CARTER		- C) AUG	
Nai	me	35		Territor Sciences
602 ROSSELLI BLVD.			9	is is is material
Florida street	address (P.O. Box NOT acceptable)	ند نتاور آ		

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, 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, F.S..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

DAVENPORT

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address: er
MGRM	WILLIAM CARTER
IVIOTAVI	WILLIAM CARTER
	602 ROSSELLI BLVD. DAVENPORT, FL. 33896
	DAVENPORT, FL. 33030
v	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Use attachment if necessary) CLE V: Effective date, if other t	han the date of filing: AUGUST 13, 2010 . (OPTIONAL
effective date is listed, the date in the date in the date of filing.)	must be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
	if town
<i>₩</i>	member or an authorized representative of a member.
Signature of a (In accordance of this docume	·

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)