

LO3000028892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

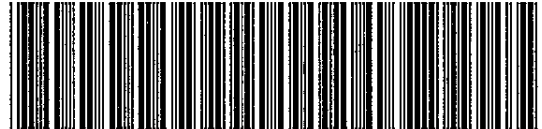
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600021859936

07/31/03--01034--014 **125.00

8/6

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL 31 AM 10:56

3/8

3/8

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CREATIVE ENDEAVORS LLC.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KURT J. RUTZ

(Name of Person)

CREATIVE ENDEAVORS LLC.

(Firm/Company)

1034 PINE ST

(Address)

APOPKA FL. 32703

(City/State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL 31 AM 10:56

For further information concerning this matter, please call:

KURT J. RUTZ

(Name of Person)

at (407) 886-7323

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Creative Endeavors LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
1034 Pine St.

Apopka Fl. 32703 407-886-7323

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

KURT J. RUTZ
Name
1034 PINE ST
Florida street address (P.O. Box NOT acceptable)
APOPKA FL 32703
City, State, and 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, 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.

Kurt J. Rutz
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Yvette Rutz
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

YVETTE RUTZ
Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL 31 AM 10:56