

L03 0000 41369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

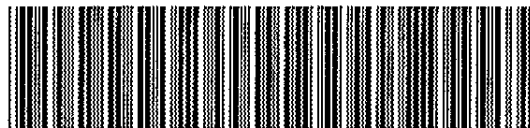
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 OCT 23 AM 11:25

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10/28  
[Signature]

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Creative Concepts by Sylvia-K 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:

Sylvia J. Kornelsen  
(Name of Person)

Creative Concepts by Sylvia-K LLC  
(Firm/Company)

7481 Botanica Parkway  
(Address)

Sarasota, FL 34238  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sylvia J. Kornelsen at ( 941 ) 400-0287  
(Name of Person) (Area Code & Daytime Telephone Number)  
or 941 921-1936

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TALLAHASSEE, FLORIDA

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

check enclosed \$130.00 - filing fee,  
- designated registered  
agent  
- certificate of status

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Creative Concepts by Sylvia-K LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

7481 Botanica Parkway  
Sarasota, FL 34238

Same

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

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

Sylvia J. Kornelsen  
Name

7481 Botanica Parkway  
Florida street address (P.O. Box NOT acceptable)

Sarasota FLORIDA 34238  
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, Florida Statutes..

  
Registered Agent's Signature

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Sylvia J. Kornelsen  
7481 Botanical Parkway  
Sarasota FL 34238

(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

Sylvia J. Kornelsen  
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.)

Sylvia J. Kornelsen  
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)