

L040000/2182

(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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CLERK OF SUPERIOR COURT
DIVISION OF CORPORATIONS
04 FEB - 3 PM 12:42

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Creative Designs of the Palm Beaches, LLC

2441 Snug Harbour
Palm Beach Gardens, FL 33410
(561) 848-6666

January 20, 2004

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


To Whom It May Concern:

Please find enclosed our Articles of Incorporation for Florida Limited Liability Company. We have enclosed a check for \$155.00 to cover the Filing Fee, Designation of Registered Agent, and Certified Copy.

Should you have any questions regarding this matter, please contact our CPA: Jennifer R. Christiansen at (561) 827-1507.

Sincerely yours,

Creative Designs of the Palm Beaches, LLC


Robert Miguel
Managing Member

04 FEB - 3 PM 12:42
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Creative Designs of the Palm Beaches, LLC.

ARTICLE II - Address:

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

2441 SNUG HARBOUR
Palm Beach GARDENS, FL 33410

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

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

Sgt Jennifer R. Christensen
Name
11420 US Hwy ONE #147
Florida street address (P.O. Box **NOT** acceptable)
N. Palm Bch FL 33408
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.

[Signature]
Registered Agent's Signature

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

[Signature]
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.)

Robert Hignel (President)
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)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS