L04000004938O

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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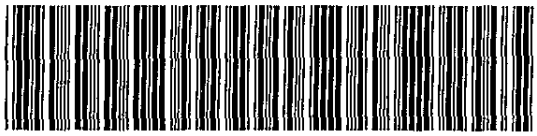

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L04-49380

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Creekside Living, 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:

Dennis Campbell
(Name of Person)

(Firm/Company)

314 Belle Isle Ave
(Address)

Belleair Beach FL 33786
(City/State and Zip Code)

For further information concerning this matter, please call:

Dennis Campbell at (727) 643 3448
(Name of Person) (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

FILED
04 JUN 21 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is # 155.00 for Filing Fee, Designated Agent and A Certified Copy.

Please return mail my certified copy ASAP

thank you DC

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Creekside Living, 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:**
314 Belle Isle Ave	Same
Belleair Beach FL	
33786	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

Dennis Campbell
Name

314 Belle Isle Ave
Florida street address (P.O. Box **NOT** acceptable)

Belleair Beach FLORIDA 33786
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

FILED
2013 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:**
MGRM	Dennis Campbell 314 Belle Isle Ave. Belleair Beach FL 33786

(Use attachment if necessary)

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

REQUIRED 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.)

Dennis Campbell
Typed or printed name of signee

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04 JUN 15 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)