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Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

CREATIVE ASSETS LLC

Certificate of Status	0
Certified Copy	1
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FAX AUDIT # 101001033313

**ARTICLES OF ORGANIZATION
OF
CREATIVE ASSETS LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **CREATIVE ASSETS LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 7495 SW 114th St., Miami, Florida 33156.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Annette Henricks, 7495 SW 114th St., Miami, Florida 33156. Located in the County of Dade.


ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2044.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Annette Henricks, 7495 SW 114th St., Miami, Florida 33156


Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
Madison, WI 53717

(608) 827-5300

FAX AUDIT # H040001833393

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DIVISION OF CORPORATIONS
STATE OF FLORIDA

FAX AUDIT # HP040001833373**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **CREATIVE ASSETS LLC**

The name and address of the registered agent and office is: Annette Henricks, 7495 SW
114th St., Miami, Florida 33156. Located in the County of Dade.

Having been named as registered agent and to accept service of process for the above
stated 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.

Signature: Annette Henricks

Annette Henricks

Date: August 30, 2004

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

FAX AUDIT #

HP040001833393