

LO4000073117

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LO4-73117
JL

09.30.2004

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

Elvira Aicher-Amankwa
22445 SW 66 Ave.
#212
Boca Raton, FL 33428

Registration of Impact Creations, LLC

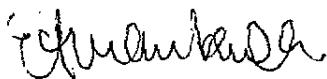
Dear Sirs,

With this letter I would like to request the registration of Impact Creations as a Limited Liability Company.

Please find attached the completed forms as well as the registration fee in the amount of \$ 125.00 (check # 738).

Should you have questions, do not hesitate to contact me. Thank you.

Kind regards,



Elvira Aicher-Amankwa

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TALLAHASSEE, FLORIDA

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Encl.

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Impact Creations
(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:

ELVIRA AICHER-AMANKWA
(Name of Person)

(Firm/Company)

22445 SW 66 AVE.
(Address)

BOCA RATON, FL 33428
(City/State and Zip Code)

For further information concerning this matter, please call:

ELVIRA AICHER-AMANKWA at (561) 487-7281
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

IMPACT CREATIONS, LLC.

ARTICLE II - Address:

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

Principal Office Address:

22445 SW 66 AVE.
BOCA RATON, FL 33428

Mailing Address:

22445 SW 66 AVE.
BOCA RATON, FL 33428

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

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

ELVIRA AICHER-AMANKWA
Name

22445 SW 66 AVE.
Florida street address (P.O. Box **NOT** acceptable)

BOCA RATON, FLORIDA 33428
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

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:

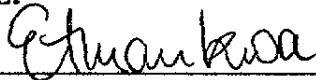
MGR

ELVIRA AICHER-AMANKWA
22445 SW 66 AVE.
BOCA RATON, FL 33428

(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.)

ELVIRA AICHER-AMANKWA
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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TALLAHASSEE, FLORIDA

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