

L04000086451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/01/04--01031--009 **125.00

12/01/04--01031--010 **30.00

12/01/04--01031--011 **5.00

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STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2004 DEC - 1 PM 1:19
STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN DEC 1 2004

CT CORPORATION

December 1, 2004

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

FILED
2004 DEC -1 PM 1:19
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Re: Order #: 6246726 SO
Customer Reference 1: 5020748-0001
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Northeast Creative Services, LLC (FL)
Formation
Florida

Northeast Creative Services, LLC (FL)
Cert Copy of Articles of Org
Florida

Northeast Creative Services, LLC (FL)
Certificate of Status-Domestic
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

CT CORPORATION

Sincerely,

Ashley A Mitchell
Fulfillment Specialist
Ashley_Mitchell@cch-lis.com

2004 DEC - 1 PM 1:20
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

A WoltersKluwer Company

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NORTH EAST CREATIVE SERVICES LLC

ARTICLE II - Address:

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

Principal Office Address:

2501 N. Orange Avenue

Suite 537N

Orlando, FL 32804

Mailing Address:

2501 N. Orange Avenue

Suite 537N

Orlando, FL 32804

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

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

Christopher Aycrigg

Name

2501 N. Orange Avenue, Suite 537N

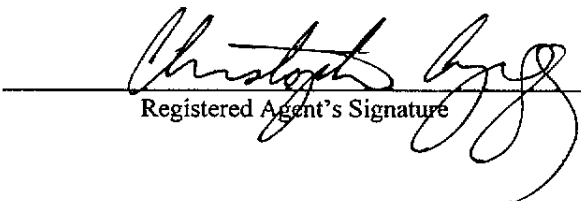
Florida street address (P.O. Box **NOT** acceptable)

Orlando, FL 32804

FL

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..



Registered Agent's Signature

(CONTINUED)

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

Timothy D. Youell

351 Prima Vera Cove

Altamonte Springs, FL 32714

MGR

Christopher Aycrigg

2501 N. Orange Avenue, Suite 537N

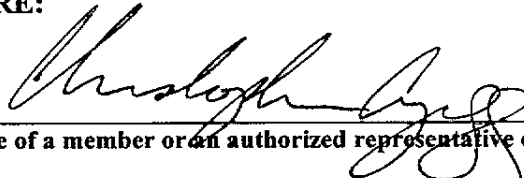
Orlando, FL 32804

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CLERK OF CORPORATIONS
TALLAHASSEE, FLORIDA

(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.)

Christopher Aycrigg

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)