

LOS 00000 2563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/10
[Handwritten signature]

TRANSMITTAL LETTER

Department of State of Florida
Division of Corporations – Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: NEW CREATIVE SOLUTIONS, LLC

Enclosed is one (1) original and one (1) copy of the Articles of Organization and a check for (please check those that apply):

| | | |
|-------------------------------------|-----------------------|-------------|
| <input checked="" type="checkbox"/> | \$125.00 (Filing Fee) | |
| <input type="checkbox"/> | Other Fee \$ | Description |
| <input type="checkbox"/> | Other Fee \$ | Description |

FROM: Jessica Campbell
10250 NW 24th Street
Sunrise, FL 33222

2005 JAN -5 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CONTACT PHONE NUMBER: 954.868.9426

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEW CREATIVE SOLUTIONS, 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:

Jessica Campbell
(Name of Person)

(Firm/Company)

10250 NW 24th Street
(Address)

Sunrise, Florida 33322
(City/State and Zip Code)

For further information concerning this matter, please call:

Jessica Campbell
(Name of Person)

at (954) 741-7416
(Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

NEW CREATIVE SOLUTIONS, LLC

ARTICLE II - Address:

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

Principal Office Address:

10250 NW 24TH STREET

SUNRISE, FL 33322

Mailing Address:

10250 NW 24TH STREET

SUNRISE, FL 33322

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

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

JESSICA CAMPBELL

Name

10250 NW 24TH STREET

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

SUNRISE

FLORIDA 33322

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

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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

JESSICA CAMPBELL

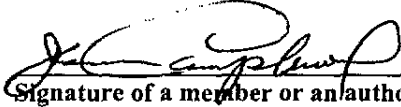
10250 NW 24TH STREET

SUNRISE, FL 33322

(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.)

JESSICA CAMPBELL

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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