L05000023103

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03/07/05--01011--013 **125.00

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Color Creators (Name of Limite	S L C ed Liability Company)		
The enclosed Articles of Organization and fee(s) are s	submitted for filing.		
Please return all correspondence concerning this matter	er to the following:	aper 1	
Shawn James	Cahell Name of Person)	2005 MAR.	
Color Creators L	Firm/Company)	ASSEE FLOR	
4308 NW 323to	EET (Address)	ORIDAS	7
GAINESVILLE, FL. 3)2605 /State and Zip Code)		
For further information concerning this matter, please	call;		
Shawn James Cahill (Name of Person)	at (352) 870 - (Area Code & Daytime To	-6884 elephone Number)	
Enclosed is a check for the following amount:			
■ \$125.00 Filing Fee	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
STREET ADDRESS: Registration Section Division of Corporations	MAILING A Registration S Division of Co	ection	

409 E. Gaines Street Tallahassee, Florida 32399

P.O. Box 6327 Tallahassee, Florida 32314

ARTICLE I - Name: The name of the Limited Liability Company is: Color Creators | C ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 4208 NW 22nd 5treet Gainesuille, FL, 32605 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Shawn James Cahill Name 4208 NW 22nd 5treet Florida street address (P.O. Box NOT acceptable) Cainesuille, FL, 32605 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:

<u>Title:</u> "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member			
"MGR"	Shawn James Cahill 4308 NW 32nd Street Gaines Ville, FL, 32605		
MGRM"	William Martin Jones Jr. 1614 NE. 7th Street Garnesville, FL, 32607		
	FIGURE TO LEASE TO LE		
	SER 2:		
(Use attachment if necessary)	LORIDAS CORIDAS		
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.)

Shawn James Cahill
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)