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| (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: | |
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Office Use Only



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VS-47210

, TRANSMITTAL LETTER

| TO: Registration Division of | n Section Corporations | | | |
|------------------------------|---|---|--|-------------|
| SUBJECT: Allen | Creative Communication Ltd. (| Co. | | |
| SUBSECT: | | d Liability Company) | | |
| The enclosed Article | es of Organization and fee(s) are s | ubmitted for filing. | | |
| | respondence concerning this matte | - | | |
| Duets | , Dich | | | |
| Rusty | | Name of Person) | | |
| | | | | |
| Allen Creative Co | ommunication Ltd. Co. | Firm/Company) | | |
| | | i mu company) | | |
| 2658 Ma | Mullen Booth Rd. Apt. 321 | | | |
| <u></u> | | (Address) | | |
| CI | convetes El 22701 | | | |
| CI | earwater, FL 33761 (City/ | (State and Zip Code) | . | |
| For further informati | on concerning this matter, please | call: | | |
| | , , , , , , , , , , , , , , , , , , , | | | |
| Rusty Rich (Na | ame of Person) | at (813) 598-9707 (Area Code & Daytime Te | lephone Number) | |
| | • • | | . . | |
| Enclosed is a check | c for the following amount: | | | |
| 3 \$125.00 Filing Fo | ee \$\pi\$\$ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | S160.00 Filing Fee Certificate of Status & Certified Copy (additional copy is suclosed | |
| Re Di 409 | REET ADDRESS: gistration Section vision of Corporations 9 E. Gaines Street llahassee, Florida 32399 | MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fi | rporations | -6 PH 1: 23 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: |
|---|
| Allen Creative Communication Ltd. Co. |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: |
| Principal Office Address: Mailing Address: |
| 2658 McMullen Booth Rd. Apt. 321 Clearwater, FL 33761 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: |
| The name and the Florida street address of the registered agent are: |
| Rusty Rich |
| Name |
| 2658 McMullen Booth Rd. Apt. 321 |
| Florida street address (P.O. Box NOT acceptable) |
| Clearwater, FL 33761 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)

Page 1 of 2

2305 MAY -6 PH 1: 23
SECRETARY OF STATE
AND AHASSEEL FLORID

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 | 0 8: | | |
| MODIA | Kusty A. Kich 2658 McMullen Booth Rd. | | |
| MGRM | Apt. 321 | | |
| | Clearwater, FL 33761 | | ŕ |
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| (Use attachment if necessary) | | | |
| | | | |
| NOTE: An additional article must be | added if an effective date is requested | i. | |
| DECLIDED CLOSIATUDE. | | | |
| REQUIRED SIGNATURE: | / /_ | | |
| | | | |
| | | | 20 A TO S |
| Signature of a member o | r an authorized representative of a member. | | |
| (In accordance with section of this document constitute that the facts stated here | on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.) | فيسو فين | |
| L 1 1 | $\rho_{s,j}$ | 주유 등 | |
| | or printed name of signee | 58 3 | 1 1 |
| | | 当 | Charles of the last of the las |
| Filing Fees: | | TARY OF S | Omegania. |
| \$125.00 Filing Fee for Articles of Organiz | ation and Designation | EG P | |
| of Registered Agent | ation and Designation | 可多二 | * 4 |
| \$ 30.00 Certified Copy (Optional) | | 1: 2 1: 2 1: 2 | |
| \$ 5.00 Certificate of Status (Optional) | | | |