

L05000063338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

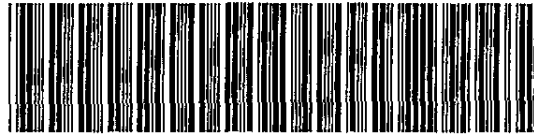
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

State
Availability

Executive	Office Use Only
Secretary	
Manager	
Director	DCC
Assistant	DCC
Adm. Asst.	DCC



000056093590

000056093590
06/16/05--01022--002 **130.00

FILED
05 JUN 27 PM 12:19
SECURITY & INVESTIGATION
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Creative Kids' Rooms, Ltd.
(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:

Stephanie Eldridge
(Name of Person)

(Firm/Company)

2697 Nantucket Lane
(Address)

Tallahassee, Florida 32309
(City/State and Zip Code)

RECEIVED
TALLAHASSEE, FLORIDA

05 JUN 27 PM 12:19

FILED

For further information concerning this matter, please call:

Stephanie Eldridge at (850) 251-3567
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

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

Stephanie Eldridge

2697 Nantucket Lane

Tallahassee, FL 32309

850-251-3567



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 22, 2005

STEPHANIE ELDRIDGE
2697 NANTUCKET LANE
TALLAHASSEE, FL 32309

SUBJECT: CREATAIVE KIDS' ROOMS, LTD.
Ref. Number: W05000030553

We have received your document for CREATAIVE KIDS' ROOMS, LTD. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 405A00042679

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Creative Kids' Rooms, Ltd. Co.

ARTICLE II - Address:

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

Principal Office Address:

2697 Nantucket Lane
Tallahassee, Florida 32309

Mailing Address:

Same

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

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

Stephanie Eldridge

Name

2697 Nantucket Lane

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

Tallahassee, Florida 32309

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)

FILED
05 JUN 27 PM 12:18
SECRETARY OF STATE
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:

"MGR" _____

Stephanie Eldridge

2697 Nantucket Lane

Tallahassee, Florida 32309

(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.)

Stephanie Eldridge
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)

05 JUN 27 PM 12:19
TALLAHASSEE, FLORIDA

FILED