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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
4/27	FT	cc
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M. HODGES

05 JUN 27 JUN 11: 56

### TRANSMITTAL LETTER

TO: Registration Se Division of Co			
SUBJECT:	Chame of Limit	LLC d Liability Company)	
The enclosed Articles of	f Organization and fce(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	Tammy	Reed Name of Person)	
		Firm/Company)	
	(,	rипо <b>Со</b> пірану)	
123	Seaspray S	(Address)	
D	aytona Beac	h FL 32118 State and Zip Code)	
For further information of	concerning this matter, please	call:	
Tammy	Recon of Person)	at (386) 756- (Area Code & Daytime Te	elephone Number)
Enclosed is a check fo	r the following amount:		
☐ \$125.00 Filing Fee	\$130.00 Filing Fec & Certificate of Status	☐ \$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
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:		
Creative Art, LLC		
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability (	Company is
Principal Office Address:	Mailing Address:	
123 Seaspray St. Daytona Brach, FL 3all8	123 Seaspray St. Daytona Brach, FL. 32	<u> 118</u>
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signat	ture:
The name and the Florida street address of the real Tammy Ree Name	- T	05 JUN 27
123 Seaspray St Florida street addi Daytona Beach City, State, ar	ress (P.O. Box <u>NOT</u> acceptable)	WIII: 56

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

# ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGF (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE:

Signature of a member of an authorized representative of a member.

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

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)

that the facts stated herein are true.)