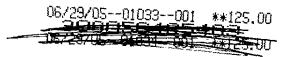
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	si ness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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WHAT OF CORPORATION
TAIT AHASSEE, FLORIDA

1 BRYAN JUL - 5 2005

TRANSMITTAL LETTER

	stration Section sion of Corporations		
SUBJECT:	CREATIVE FINE	As by JEV	LIC
	(Name of En	nace Clabinty Company)	
The enclosed	Articles of Organization and fee(s) ar	e submitted for filing.	2005 J.
Please return	all correspondence concerning this m	atter to the following:	AZ TI
	JENNIFER J.		ASSEE PR
		(Name of Person)	1:10
* OYEA	tive Finds 1	by Jen Ll	C See See See See See See See See See Se
		/(Firm/Company)	
_ c	210 NW 195 Th	Ave	
		(Address)	
	Pembroke Pir	nes F1 330 City/State and Zip Code)	29
For further inf	formation concerning this matter, plea	se call:	
Tennife	(Name of Person)	at (Area Code & Daytime To	- 9492_ elephone Number)
Enclosed is a	a check for the following amount:		
\$125.00 Fi	Certificate of Status	& S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
nox extraction of the second	STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7

ARTICLES OF ORGANIZATION FOR FLA	ORIDA LIMITED LIABILITY GOMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	ELLAHASSO P
CARATINE FINAS by	JEN LLC PROPERTY
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
210 NW 195th Ave Pembroke Pines, FLorida, 33029	A10 NW 195th Ave Ambroke fines, Florida, 33029
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	gistered agent are:
JENNIFER J.	JEMISON
210 NW 195Th f	
Florida street addr	ress (P.O. Box <u>NOT</u> acceptable)
<u>lembroke fine 5</u> City, State, an	FL, 33029 id Zip
liability company at the place designated in the registered agent and agree to act in this capacit all statutes relating to the proper and complete	ccept service of process for the above stated limited also certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of a performance of my duties, and I am familiar with distered agent as provided for in Chapter 608, F.S
•	

(CONTINUED)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows:

<u>'itle:</u> MGR" = Manager	Name and Address:
MGRM" = Managing Membe	
MGR	SEMMIFER J. JEMISON
	SEE
Jse attachment if necessary)	
OTE: An additional article	e must be added if an effective date is requested.
EQUIRED SIGNATURE:	
Gen	nyer J. Jenices
Signature of a	member or an authorized representative of a member.
(In accordance of this docume	with section 608.408(3), Florida Statutes, the execution nt constitutes an affirmation under the penalties of perjury

that the facts stated herein are true.)

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)