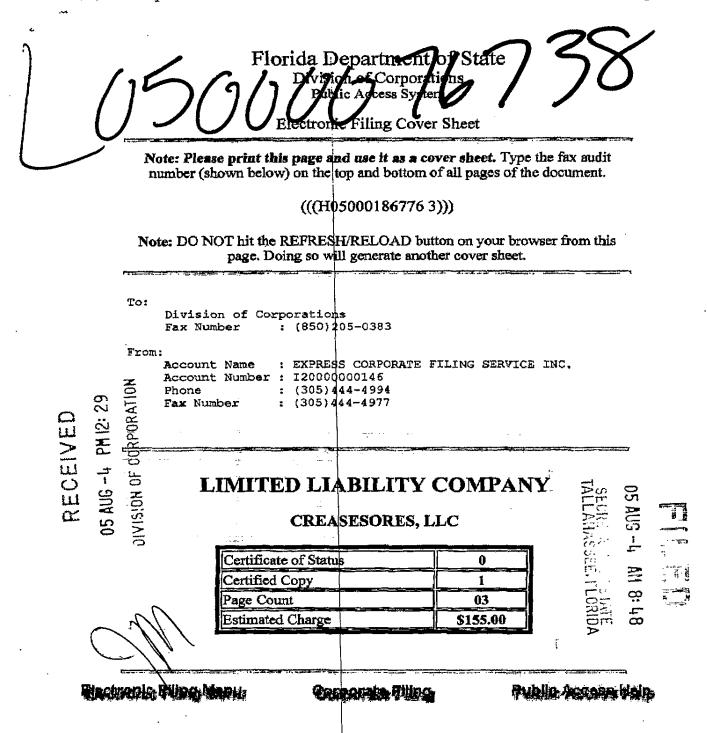
Page 1 of 1



(((105000186776)))

ARTICLES OF ORGANIZATION FOR

	CREAS	ESORES, LLC		
ARTICLE I	Name:			
The name of	the Limited Liability Company is			
;	CREAS	esores, llc		
ARTICLE II	- Address:			
The malling a	eddress and street address of the	principal office of the Limited I	Liability Company is:	
		W 96 PLACE 1, FL 33178		
ARTICLE III	– Registered Agent, Registere	Office, & Registered Agent's	's Signature:	
The name or	nd the Florida street address of t	e registered agent are:	ē ,	
	PATRI	cia gossain	05 AUG	
}		Name		
İ	4529 N	W 96 PLACE	500	- FIE
	Florida street addres	(P.O. Box NOT acceptable)	四、 量 。	-
	MAIM	i), FL 33178	8: 48 FLORIC	=*
	City,	State, and Zip	P	
Havino hear	nemad as registered agent at	d to accept service of process	for the above stated	

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 808, F.S.

Registered Agent's Signature

PATRICIA GOSSAIN

Typed or printed name of signee

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ARTICLE (V - Manager(s) or Managing Member(s):
The name and address of each Manager or Managing or Member is as follows:

Title:

Name and Address:

MANAGER MANAGER PATRICIA GOSSAIN KATA GOSSAIN

(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 parallies of parjury that the facts stated herein are true.)

PATRICIA GOSSAIN

Typed or printed name of signes