

Division of Corporations

<http://efilescobiz.org/scripts/efilcovr.exe>

L06000060958

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000158148 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUN 14 AM 9:52

FILED

RECEIVED

06 JUN 14 PM 1:36

DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Creative Benefits Solutions L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

H06000158148 3

**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED
LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I: NAME

The name of the Limited Liability Company is:

CREATIVE BENEFITS SOLUTIONS L.L.C.

ARTICLE II: Address

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

2565 GRASSY POINT #203

LAKE MARY, FLORIDA 32746

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED
AGENT SIGNATURE**

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

ROB F. LEGENHAUSEN

2565 GRASSY POINT #203

LAKE MARY, FLORIDA 32746

FILED
06 JUN 14 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent 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.

X 

ROB F. LEGENHAUSEN / REGISTERED AGENT'S SIGNATURE

H06000158148 3

06/14/2006 11:15 FAX

002/002

H060001581483

PAGE 2

CREATIVE BENEFITS SOLUTIONS LLC.

ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V: MEMBERS (optional)

MANAGING MEMBER:

ROB F. LEGENHAUSEN

2565 GRASSY POINT #203

LAKE MARY, FLORIDA 32746


MANAGING MEMBER:

TUCKER MCGRATH

5126 HAWKSTONE DRIVE

SANFORD, FLORIDA 32771

FILED
06 JUN 14 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

x 

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.)

ROB F. LEGENHAUSEN

H060001581483