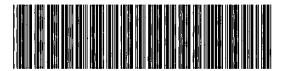
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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

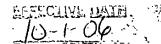


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2006 SEP -8 PM 1: 23 SECRETARY OF STATE TALL AHASSEE FLORIDA

De 8793



COVER LETTER

TO: Registration S Division of Co			
SUBJECT: <u>C</u>	PEATIVE CON (Name of Limite	ed Liability Company)	NITED IDEAS LL
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
Pan	DELA PAW	LUK	
	,	(Name of Person)	7300 TAI
CRETA	TIVE CONCE		CO SE
	_	(Firm/Company)	17.5% -8 T
10314	INVERNESS	Way	mo P
			100 - TOP -
DORT	ST. LUCIE	FLORIDA 3 y/State and Zip Code)	4986 Em W
	(Cit)	y State and Zip Code)	
For further information	concerning this matter, please	call:	
PAMEZA	PAWLUK	at (771) 359 (Area Code & Daytime T	- 2326
(Nam	e of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check f	For the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	\mathbf{T}	ľC	L	E	I	_	N	a	m	e	:
---	---	--------------	----	---	---	---	---	---	---	---	---	---

The name of the Limited Liability Company is:

CREATIVE CONCEPTS UNLIMITED IDEAS LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:	TAL	380	
PORT ST. LUCIE FLORIDA 34986	SAME		SFP	
FLORIDA 34986		55.70 55.70 FI	-8	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)			PM 1: 23	i mi

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

Name

Name

Name

Nosew Berg

Name

Nose Clay

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

Poet St. Lucien 3 4986

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..

(CONTINUED) Page 1 of 2

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

(Use attachment if necessary)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

PAWLUK

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)