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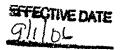
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GILLOW DATE

06 SEP -8 AM 10: 10
SECRETARY OF STATE

## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT: 239Cr	eative, LLC			
	(Name of Limite	d Liability Company)		
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing.		
Please return all corres	pondence concerning this matte	er to the following:		
Jeffrey A.	Eskridge			
	(0	Name of Person)	,,	
		Firm/Company)	-	<u> </u>
5208 5th	Street West			
0200 0111	04,001,11001	(Address)	······································	٠ ٦٣
lobiah As	man El 22071			
<u>Lenigh Ad</u>	cres, FL 33971	/State and Zip Code)		4
	(0.0)			
For further information	concerning this matter, please	call:		
Dainh N. Brood	\ <b>_</b>	930 979 7 <i>45</i> 9	2	
Ralph N. Bressler at (239 ) 272-7452 (Name of Person) (Area Code & Daytime Telephone Number)		elephone Number)	. <del></del>	
<b>Q</b>			,	
Enclosed is a check f	or 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	pany is:		
239Creative, LLC (Must end with the words "Limited Liability Compar	ny, "Limited Company" or their abbreviation "LLC,	" or "L.C.,")	
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Li	ability Company is	<b>s</b> :
Principal Office Address:	Mailing Address:		
5308 5506 5th Street West	5308 3308 5th Street West		
Lehigh Acres, 33971	Lehigh Acres, FL 33971		
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)  The name and the Florida street address  Ralph N. Bressler	dual or another  06 SEP  TALLAHA	717	
	Name	SSE SE	=
24932 Fairwinds La	nne street address (P.O. Box <u>NOT</u> acceptable)		
	<del></del>	<u>6</u>	
Bonita Springs,	FL 34135 y, State, and Zip		
Having been named as registered agent liability company at the place design registered agent and agree to act in this statutes relating to the proper and com	t and to accept service of process for the cated in this certificate, I hereby accept the capacity. I further agree to comply with a plete performance of my duties, and I and as registered agent as provided for in Cartina as Signature (REQUIRED)	e appointment as the provisions of a n familiar with and	ıll

(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:

<u>Title:</u> "MGR" = Ma "MGRM" = M	nager Managing Member	Name and Address:							
MGR		Jeffrey A. Eskridge 5208 5th Street West Lehigh Acres, FL 33971							
•	ent if necessary)	to of filing, 09/01/2006 ((							
ARTICLE V: Effective date, if other than the date of filing: 09/01/2006 (OPTIONAL) (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 of	A Control of a member.	FIL 06 SEP -8 SECRETAR TALLAHASS						
	of this document constitut that the facts stated here Jeffrey A. Eskridge	on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury ein are true.)	AMID: 10						

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)