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| (Re | equestor's Name) | |
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| (Address) | | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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SECRETARY OF STATE DIVISION OF CORPORATIONS

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W06-50880

BRYAN DEC _ 5 2006"

COVER LETTER

| TO: Registration S Division of Co | | | | |
|--------------------------------------|---|--|--|---------------------|
| SUBJECT: Produc | ct Creation Corp, LLC | | | |
| | (Name of Limite | d Liability Company) | | |
| The enclosed Articles of | of Organization and fee(s) are s | ubmitted for filing. | | |
| Please return all corresp | oondence concerning this matte | er to the following: | | |
| Mark C. W | | | | |
| | (| Name of Person) | | |
| DeZube M | iller, LLC | | | _ |
| | (| Firm/Company) | ç | - J. S. S. |
| 4400 W. 1 | 09th Ste. 300 | | | 是聲 |
| | | (Address) | | 4-4 |
| Overland | Park, KS 66211 | | | DIVISION OF CORPORT |
| | (City | /State and Zip Code) | | |
| For further information | concerning this matter, please | call: | | בי |
| Mark C. Wilson | | at (_913) 322-471 | | |
| (Name | of Person) | (Area Code & Daytime T | elephone Number) | |
| Enclosed is a check for | 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 Fe 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 | |



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 21, 2006

MARK C. WILSON DEZUBE MILLER, LLC 4400 W. 109TH STE. 300 OVERLAND PARK, KS 66211

SUBJECT: PRODUCT CREATION CORP, LLC

Ref. Number: W06000050880

DINISION OF CORPORATIONS
DINISION OF CORPORATIONS
DINISION OF CORPORATIONS

We have received your document for PRODUCT CREATION CORP, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CORP." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 206A00067783

DEZUBE MILLER

Law Firm and Limited Liability Company 4400 WEST 109th STREET, THIRD FLOOR, OVERLAND PARK, KS 66211 OFF: 913-385-0355 FAX: 913-385-1948

Mark C. Wilson Licensed in Kansas

mwilson@dezubemiller.com Direct Line 913-322-4719

December 1, 2006

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: Product Creation Company, LLC

Ref. #: W06000050880

Enclosed you will find the corrected copy of the Articles of Organization in the above reference matter. If you should have any questions, please call Mr. Mark Wilson at the number listed above. Thank you in advance for your assistance in this matter.

Sincerely,

Julie Shelton Paralegal

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| ARTICLE I - Name: | pany is: | | | |
|---|---|--|--|--|
| The name of the Limited Liability Company is: | | | | |
| Product Creation Company LLC | | | | |
| (Must end with the words "Limited Liability Compar | ny, "Limited Company" or their abbreviation "LLC," or "L.C.,") | | | |
| ARTICLE II - Address: | | | | |
| | of the principal office of the Limited Liability Company | | | |
| Principal Office Address: | Mailing Address: | | | |
| | | | | |
| 3100 Bayshore Boulevard NE | P.O. Box 3889 | | | |
| St. Petersburg, FL 33703 | P.O. Box 3889 St. Petersburg, FL 33731-3889 gistered Office, & Registered Agent's Signature: | | | |
| ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its business entity with an active Florida registration.) | St. Petersburg, FL 33731-3889 gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another | | | |
| ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its business entity with an active Florida registration.) | St. Petersburg, FL 33731-3889 gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another | | | |
| ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address | St. Petersburg, FL 33731-3889 gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another | | | |
| ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address | St. Petersburg, FL 33731-3889 gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another of the registered agent are: Name | | | |
| ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address Thomas Richmond 3100 Bayshore Bou | St. Petersburg, FL 33731-3889 gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another of the registered agent are: Name | | | |
| The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address Thomas Richmond 3100 Bayshore Bou | St. Petersburg, FL 33731-3889 gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another of the registered agent are: Name slevard NE street address (P.O. Box NOT acceptable) | | | |

d 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..

Registered Agent's Signature (REQUIRED)

(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" = Manager "MGRM" = Managing Memb | Name and Address: |
|--|---|
| MGRM | Thomas Richmond 3100 Bayshore Boulevard NE St. Petersburg, FL 33703 |
| | C-4 OF CORPUR. |
| | |
| (Use attachment if necessary) | |
| | than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior |
| REQUIRED SIGNATURE: | a member or an authorized representative of a member. |
| (In accordance of this document) | e with section 608.408(3), Florida Statutes, the execution lent constitutes an affirmation under the penalties of perjury ts stated herein are true.) |
| Thomas Ric | |
| | 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)