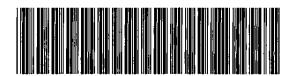
L07000019018

(Requestor's	Name)
(Address)	
(Address)	
(Address)	
(1.00.000)	
(City/State/Zi	p/Phone #)
	_
PICK-UP W	'AIT MAIL
(Business Er	tity Name)
(Document N	lumber)
Certified Copies Cer	tificates of Status
Oct.	initiality of Otalias
Special Instructions to Filing Offi	cer
opeoid metrocions to thing on	
	·

Office Use Only



000088010110

02/19/07--01016--029 **160.00

2115 107

OTFEB 19 AMID: 23
SECKLIANT OF STATE

COVER LETTER

TO:	Registration Solution Of Co					
SUBJE	CCT: Creativ	e Custom Grading by	<u> </u>			
		(Name of Limite	ed Liabil	ity Comp	any)	
The en	closed Articles o	of Organization and fee(s) are s	submitte	d for filin	g.	
Please	return all corresp	ondence concerning this matte	er to the	following	g :	
	James M F	oxworth				
		(Name of	Person)		· · · · · · · · · · · · · · · · · · ·
	Creative C	ustom Grading by JI	lmmy	, LLC		
			(Firm/Co	трапу)		
	c/o 4315 N	N. E. 23rd Avenue				
•			(Addı	ess)		
,	Wildwood	, FL, 34785				
		(City	/State an	d Zip Cod	e)	
For fur	ther information	concerning this matter, please	call:			
N Jea	an Boutwell		at (35	52	686.335	6
	(Name	of Person)			e & Daytime T	elephone Number)
Enclos	ed is a check fo	or the following amount:				
□ \$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status =	Certi	fied Cop	iling Fee & y 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		Registrati Division Clifton B 2661 Exe	ourier Addression Section of Corporation uilding secutive Center see, FL 32301	ns · Circle



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:							
The name of the Limited Liabil	ity Company is:						
Creative Custom Grading by Ji	mmy, LLC						
(Must end with the words "Limited Liabil	ity Company, "Limit	ed Company" or their abbreviation "LLC," of	or "L.C.,")				
ARTICLE II - Address:							
The mailing address and street a	address of the p	rincipal office of the Limited Liab	oility Company is:				
Principal Office Address:		Mailing Address:					
4315 N. E. 23rd Avenue		4315 N. E. 23rd Avenue					
Wildwood, FL, 34785		Wildwood, FL, 34785					
	erve as its own Regis gistration.)	d Office, & Registered Agent's Statement Agent. You must designate an individure registered agent are:	aal or another O7 FEI				
N Jean Bout	well		ASS 19				
Name		BI9 AM BIAKT OF HASSEE,					
9860 Horizon Drive		FLC					
Florida street address (P.O. Box NOT acceptable)		23 RBD					
Spring Hill	FL, 34608	FL					
	City, State,	and Zip					
		accept service of process for the al					

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 (REOLIRED)

(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" = Manag "MGRM" = Mar					
MGR		James M Foxworth			
		4315 N. E. 23rd Avenue			
		Wildwood, FL, 34785			
	_				
					
	 ;				
		·	 ,		
(Use attachment	if necessary)				
	sted, the date must b	date of filing: 02/15/2007 . (e specific and cannot be more than five bu	OPTION Siness d		
REQUIRED SI	GNATURE:	7,4			
	Min.	er l'opurlità	SEC! TALL	07 F	
	i II	er or an authorized representative of a member. etion 608.408(3), Florida Statutes, the execution	AHA:	8	_
	of this document const that the facts stated h	itutes an affirmation under the penalties of perjury	LIANTO: HASSEE, E	9	FILED
					Ü
	James M Foxworth			Ö	
	·	ped or printed name of signee	LORIDA	9 AM 10: 23	

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)