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COVER LETTER

•	TO: Registration Section Division of Corporations	
	SUBJECT: Graffink Creative Studio, LLC	
	(Name of Limited Liability Company)	
	The enclosed Articles of Organization and fec(s) are submitted for filing.	
	Please return all correspondence concerning this matter to the following:	
	Christian Schrader	
	(Name of Person)	-
	Graffink Creative Studio	
	(Firm/Company)	
	6751 Cypress Road Suite 111	IVISIONIC SEC
	(Address)	
	Plantation, FI 33317	
	(City/State and Zip Code)	
	Plantation, FI 33317 (City/State and Zip Code) For further information concerning this matter, please call:	Affors 2:57
	Natalie Fueguel at 954 6328551	
	(Name of Person) (Area Code & Daytime Telephone Number)	
	Enclosed is a check for the following amount:	
	\$125.00 Filing Fee \$\sum \\$130.00 Filing Fee & \sum \\$155.00 Filing Fee & \sum \\$160.00 Filing Fee, Certificate of Status Certified Copy 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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Graffink Creative Studio, LLC (Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6751 Cypress Road Suite 111 Plantation, Fl 33317	6751 Cypress Road Suite 111 Plantation, Fl 33317
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Christian Schrad	er 7 PR
National Part Company Description	
6751 Cypress Ro	oddyses (P.O. Roy NOT secontable)

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED

Plantation 33317

(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	Name and Address:	
"MGRM" = Managing Member	Natalia Eugaval	
MGR	Natalie Fueguel 1626 NW 142 Way	
	Pembroke Pines,fl 33028	
MGR	Christian Schrader	. .
	6751 Cypress Road Suite111	
-	Plantation, FI 33317	
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		2 景泉
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(Use attachment if necessary)		PH 12: 57
		O
ICLE V: Effective date, if other than th		-
	be specific and cannot be more than five business of	lays prior
90 days after the date of filing.)		
REQUIRED SIGNATURE:		
	trucycel ber or an authorized representative of a member.	
(In accordance with s	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury	

Natalie Fueguel

that the facts stated herein are true.)

Typed or printed name of signce

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)