

LO7000114717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400112159814

11/13/07--01049--012 **130.00

FILED

07 NOV 13 AM 10:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

NRIC

CREATIVE CONCEPTS MEDIA, LLC

Lonnie R. Johns, Jr., Manager
217 SW Dyal Avenue
Lake City, FL 32024

Nov 8 2007
~~August 21, 2007~~

Secretary of State
Registration Section
Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

Subject : Creative Concepts Media, LLC - Filing Transmittal Letter

To Whom It May Concern :

The enclosed Articles of Organization and fees are submitted for filing.
Please return all correspondence concerning this matter to the following :

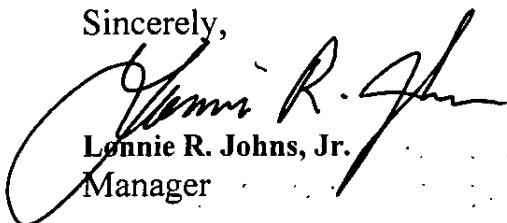
**Lonnie R. Johns, Jr.
217 SW Dyal Avenue
Lake City, FL 32024**

For further information concerning this matter, please call :

Lonnie R. Johns, Jr. 386 - 867 - 0038

Please note that I have also enclosed \$ 130.00 for the Filing Fee and
Certificate of Status.

Sincerely,



**Lonnie R. Johns, Jr.
Manager**

LIMITED LIABILITY COMPANY - ARTICLES OF ORGANIZATION

Article I - Name: The name of the limited liability company is **Creative Concepts Media, LLC**

Article II - Address: The address of the principal office in the state of Florida is 217 SW Dyal Avenue in the city of Lake City. The name of its registered agent at such address is Lonnie R. Johns, Jr.

Article III - Registered Agent - The name and the Florida street address of the registered agent are :

Lonnie R. Johns, Jr.
217 SW Dyal Avenue
Lake City, FL 32024

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..


Signature of Resident Agent - Lonnie R. Johns, Jr.

11/8/07
Date

FILED
07 NOV 13 AM 10:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Article IV - Managers and Managing Members :

The name and address of each Manager and Associate Manager is as follows:

Manager - Lonnie R. Johns, Jr.
217 SW Dyal Avenue
Lake City, FL 32024

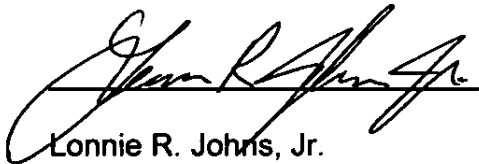
By a majority vote of the Members the following Managers were elected to operate the Company:

Manager Lonnie R. Johns, Jr.
217 SW Dyal Avenue
Lake City, FL 32024

Article V - TERM. The Company shall continue in perpetuity unless dissolved by law or agreement of the managers.

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. The Manager listed in Article IV will serve in his capacities until he is removed for any reason by a majority vote of the Members or upon his voluntary resignation.

Signed and Agreed this 8th day of Nov, 2007


Lonnie R. Johns, Jr.

FILED
07 NOV 13 AM 10:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA