

FROM : LAZARUS
Division of Corporations

FAX 0. : 3 22014

Mar 27 2008 10:55AM P1
H080000768553ABC8 DIS/CHICOTT, GAO

L08000031127

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000076855 3)))



H080000768553ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6383

L. SELLERS

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

MAR 27 2008

EXAMINER

RECEIVED

08 MAR 26 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

AOK CREATIVE SERVICES LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 MAR 27 AM 8:14

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

H08000076855

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AOK Creative Services LLC

(Must end with the words "Limited Liability 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:3642 NE 171 St. #401
North Miami Beach, FL 33160Mailing Address:3642 NE 171 St. #401
North Miami Beach, FL 33160

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Andre's Ascanio

Name

3642 NE 171 St. #401Florida street address (P.O. Box **NOT** acceptable)North Miam. Beach FL 33160

City, State, and Zip

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 606, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H08000076855

008 MAR 27 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H 08000076855

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

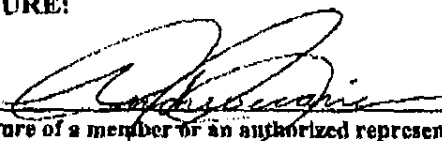
"MGRM" = Managing Member

Name and Address:MGRAndrés Ascanio
3642 NE 171 St. #401
North Miami Beach, FL. 33160

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3/26/08 (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 or an authorized representative of a member.

(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.)

Andrés Ascanio

Typed or printed name of signer

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)

H 08000076855

FILED
2008 MAR 27 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA