

L 08000036241

(Requestor's Name)

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PICK-UP  WAIT  MAIL

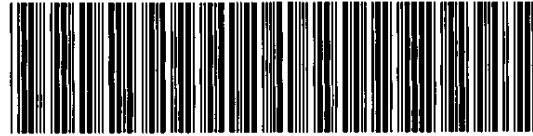
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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TALLAHASSEE, FLORIDA

B. KOHR  
APR 10 2008  
EXAMINER

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

*Creative Medical, LLC*

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- Art of Inc. File \_\_\_\_\_
- LTD Partnership File \_\_\_\_\_
- Foreign Corp. File \_\_\_\_\_
- L.C. File \_\_\_\_\_
- Fictitious Name File \_\_\_\_\_
- Trade/Service Mark \_\_\_\_\_
- Merger File \_\_\_\_\_
- Art. of Amend. File \_\_\_\_\_
- R.A. Resignation \_\_\_\_\_
- Dissolution / Withdrawal \_\_\_\_\_
- Annual Report / Reinstatement \_\_\_\_\_
- Cert. Copy \_\_\_\_\_
- Photo Copy \_\_\_\_\_
- Certificate of Good Standing \_\_\_\_\_
- Certificate of Status \_\_\_\_\_
- Certificate of Fictitious Name \_\_\_\_\_
- Corp Record Search \_\_\_\_\_
- Officer Search \_\_\_\_\_
- Fictitious Search \_\_\_\_\_
- Fictitious Owner Search \_\_\_\_\_
- Vehicle Search \_\_\_\_\_
- Driving Record \_\_\_\_\_
- UCC 1 or 3 File \_\_\_\_\_

Signature

Requested by: *4/11*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 4, 2008

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: CREATIVE MEDICAL, L.L.C.  
Ref. Number: W08000017476

We have received your document for CREATIVE MEDICAL, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$125.00 payment.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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) 245-6914.

Buck Kohr  
Regulatory Specialist II

Letter Number: 308A00020077

**RE-SUBMIT**  
PLEASE OBTAIN THE ORIGINAL  
FILE DATE

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
CREATIVE MEDICAL TECHNOLOGIES, L.L.C.**

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

**ARTICLE I: NAME**

The name of the company is **CREATIVE MEDICAL TECHNOLOGIES, L.L.C.**

**ARTICLE II: PRINCIPAL OFFICE**

The principal office and mailing address of the company is **5829 French Creek Court, Ellenton, FL 34222.**

**ARTICLE III: MANAGEMENT**

The company will be a manager managed Limited Liability Company.

**ARTICLE IV: INITIAL REGISTERED AGENT AND  
ADDRESS**

The name and address of the initial registered agent is **Ivan O. Santiago, 5829 French Creek Court, Ellenton, FL 34222.**

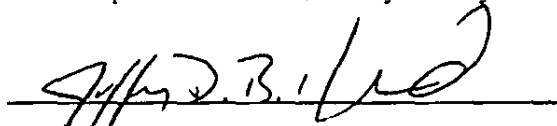
**ARTICLE V: MANAGERS**

The name and address of the initial Manager of the company is:

**Ivan O. Santiago, 5829 French Creek Court, Ellenton, FL 34222**

The undersigned has executed these Articles of Organization this 22<sup>nd</sup> day of February 2008.

"Your Capital Connection, Inc. by Jeffrey D. Butterfield, Client Representative"

A handwritten signature in black ink, appearing to read "Jeffrey D. Butterfield", is written over a horizontal line.

Authorized Representative

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 608.415, Florida Statutes, the mentioned company, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

1. The name of the company is: Creative Medical Technologies, L.L.C.

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2. The name and address of the registered agent and office is: Ivan O. Santiago, 5829  
French Creek Court, Ellenton, Florida 34222

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HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.

  
\_\_\_\_\_