L0800005640/

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Dusiness Estity Name)			
(Business Entity Name)			
(Document Number)			
(Document Number)			
Certified Copies Certificates of Status			
Canada Instructions to Filips Officer			
Special Instructions to Filing Officer:			
A. LUNT			
- ,			
JUN 0 9 2008			

Office Use Only

EXAMINER



300130895183

06/06/08--01034--018 **160.00

FILED

1880 JUN -6 P 1: 4:

SECRETARY OF STATE

COVER LETTER

TO: Registration Sec Division of Corp	porations		
SUBJECT:		reative Soluted Liability Company)	tions, L.L.C
The enclosed Articles of 0	Organization and fee(s) are s	submitted for filing.	
Please return all correspon	ndence concerning this matte	er to the following:	
Helo	ja J Gorr	122	
		Name of Person)	
JBJ	Creative	Solutions, 1 (Firm/Company)	L.C.
, , , , , , , , , , , , , , , , , , , ,		(Firm/Company)	
14341	SW 172	Lane	₩
		(Address)	SEC THE
Hiami	-FL 33	177	JUN - RETA
	(City	//State and Zip Code)	SAY O
For further information co	oncerning this matter, please	call:	OF STATE
Helga J	Gome2 f Person)	at (305) (663 - 2) (Area Code & Daytime Tele	phone Number)
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy 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	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited	l Liability Company is:		
JBJ C	reative :	Solutions,	L.L.C.
(Must end	with the words "Limited Liabili	ty Company, "L.L.C.," or "LL	C.")
ARTICLE II - Address The mailing address and		incipal office of the Lin	nited Liability Company is:
Principal Office Addre	ss:	Mailing Address:	
14341 SW 1- Miamí, FL	72 Lane 33177	14341 SW Migmi, FL	172 Lane
	cannot serve as its own Registe lorida registration.)	ered Agent. You must designate egistered agent are:	e an individual or another
	City State a	nd Zin	~~

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..

Registered Agent's Signature (REQUIRED)

(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 MGRM	Helga J Gomez 14347 SW 172 Lane Miami - FL 33177
	TALLAHASSE
	DF STATE RIDA
(Use attachment if necessary)	
	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a mer	mber of an authorized representative of a member.
of this document co	h section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury ted herein are true.)

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)