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(Requestor's Name)				
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(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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D. BRUCE

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EXAMINER

COVER LETTER

TO: Registration Se Division of Cor						
SUBJECT: M & A Creative Investments, LLC						
(Name of Limited Liability Company)						
The enclosed Articles of	Organization and fee(s) are su	bmitted for filin	g.			
Please return all correspondence concerning this matter to the following:						
Patricia Touchstone						
	(N	ame of Person)				
Strategic Corporate Services Plus, Inc.						
	(F	irm/Company)		OS TAL		
1500 Ave	nue F Suite 3			CR.		
		(Address)		SS = S		
Ely	NV		89301	F0 7		
	(City/S	State and Zip Cod	e)	STATE TLORIDA		
For further information concerning this matter, please call:						
Patricia Touchstone _{at 775} 289-2789						
(Name of Person) (Area Code & Daytime Telephone Number)						
Enclosed is a check for	the following amount:					
\$125.00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional cop	py Cert by is enclosed) Cert	0.00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)		
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Registrat	ourier Address tion Section of Corporations Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

M & A Creative Investments, L (Must end with the words "Limited Liabilit			
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
2521 Alcalay Street Port Charlotte, FL 33952			
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	ered Agent. You must designate an individual or amother		
The name and the Florida street address of the re			
Amuela Pericles	PN OF SI		
Name	TATE ORDA		
2521 Alcalay Street Florida street address (P.O. Box NOT acceptable)			
Port Charlotte City, State, and	FL 33952 nd 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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member "MGRM" Amuela Pericles 2521 Alcalay Street Port Charlotte, FL 33952 "MGRM" Marc Pericles 2521 Alcalay Street Port Charlotte, FL 33952 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: . (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.) Amuela Pericles Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)