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FILED
09 JAN 21 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

JAN 22 2009

EXAMINER

Ashley Hazen
644 Bethel Drive
Keystone Heights, FL 32656
capturecreative@gmail.com
307-760-5401

Suzanne Hawkes
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Ms. Suzanne Hawkes,

I do not plan on revoking the dissolution of Capture Creative, LLC, L07000016078.

Enclosed is a new application for the "Articles of Organization," along with the \$125.00 filing fee. I have also replied by email (Letter Number: 090120093418-600141319286), to the rejection notice of my original online application, requesting a refund for the original application fee.

Thank you,


Ashley Hazen

Other corresponding information extracted from email:

Document Number: W09000002701
Entity Name: CAPTURE CREATIVE, LLC
Tracking Number: 600141319286
Pin Number: 9286

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Capture Creative
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ASHLEY HAZEN
(Name of Person)

CAPTURE CREATIVE LLC
(Firm/Company)

644 BETHEL DRIVE
(Address)

KEYSTONE HEIGHTS, FL 32656
(City/State and Zip Code)

For further information concerning this matter, please call:

ASHLEY HAZEN at (307) 760-5401 CELL
(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 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Capture Creative, 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:

644 Bethel Drive
Keystone Heights, FL 32656

Mailing Address:

644 Bethel Drive
Keystone Heights, FL 32656

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:

ASHLEY HAZEN

Name

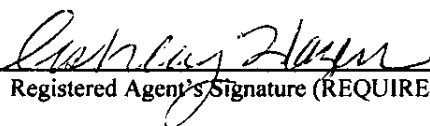
644 BETHEL DRIVE

Florida street address (P.O. Box **NOT** acceptable)

KEYSTONE HEIGHTS, FL 32656

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 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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Ashley Hazen
1644 Bethel Drive
Keystone Heights, FL 32656

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09 JAN 21 PM 3 16
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TALLAHASSEE FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/20/09. (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:

Ashley Hazen
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.)

ASHLEY HAZEN
Typed or printed name of signee

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)