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## **COVER LETTER**

TO: Registration Section Division of Corpo						
<sub>SUBJECT:</sub> Imbolc C	reative, LLC					
50000011	(Name of Limit	ted Liabili	ty Comp	any)		
The enclosed Articles of Or	ganization and fee(s) are	submitted	l for filir	ıg.		
Please return all correspond	ence concerning this mat	ter to the	followin	g:		
Robin Pauldi	ing					
		(Name of	Person)			
Imbolc Crea	tive, LLC					
		(Firm/Cor	mpany)			
10680 NW 1	st Street					
	•	(Addre	ess)			
Plantation, F	L 33324					
	(Cir	ty/State and	d Zip Coo	le)		
For further information cond	cerning this matter, pleas	e cail:				
Robin Paulding		at ( 9:	54	, 790-1	265	shone Number)
(Name of F	Person)	(	(Area Co	de & Daytime	Telep	phone Number)
Enclosed is a check for th	ne following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Cert	ified Co	ng Fee & opy py is enclosed		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Б Б	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Registra Division Clifton 2661 Ex	Courler Addition Section of Corporal Building secutive Censee, FL 323	tions ter Ci	rcle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
Imbolc 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 prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Imbolc Creative, LLC	Imbolc Creative, LLC
10680 NW 1st Street	10680 NW 1st Street
Plantation, FL 33324	Plantation, FL 33324
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Robin Paulding	王六 8
Name	2 % SSE
10680 NW 1st Street	ess (P.O. Box NOT acceptable)
Florida street addr	ess (P.O. Box NOT acceptable)
Plantation, FL 33324	FL DET
City, State, an	d 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:

<u>Title:</u> "MGR" = Mar "MGRM" = M	Name and Address: nager fanaging Member	
MGRM	Robin Paulding 10680 NW 1st Street Plantation, FL 33324	
(I lea attaches		
CLE V: Effective	we date, if other than the date of filing: Feb. 1, 2009 listed, the date must be specific and cannot be more than e date of filing.)	
REQUIRED S	SIGNATURE:  Lobin Paul dine	09 FEB -2 SECRETAR TALLAHAS
	Signature of a member or an authorized representative of a member of	ember.

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)

Robin Paulding

Typed or printed name of signee