(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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G. MCLEOD

MAR 1 2 2009

EXAMINER



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$_{_{\langle}}$ COVER LETTER

TO:	Registration Section Division of Corporations
SUBJEC	CT: CREEK Detailing [(Name of Limited Liability Company)
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Richard Schmitte (Name of Person)
	CREEK DETALING LLC (Firm(Ompany)
- -	172 115T Appalachicola Fl 32320
<u></u>	Appalachicola Fl 32320 (City/State and Zip Code)
	(City/State and Zip Code)
For furth	er information concerning this matter, please call:
	(Name of Person) at (250) 766-2374 (Area Code & Daytime Telephone Number)
Enclosed	I is a check for the following amount:
_	Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
CREEK DETALOG 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 Liabil	ity Compa	any is:
Principal Office Address: Mailing Address:		
177 1167		
(12)		
Apalachicala Apalachicala		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signate an individual business entity with an active Florida registration.)	gnature: or another	
The name and the Florida street address of the registered agent are:	160 100 100 100 100 100 100 100 100 100	
Richard Schmitt Name	MARI	
Name	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
177-1151	PHI2:2	
Florida street address (P.O. Box NOT acceptable)	71.S	O
Applachicola FL 32320 P	HIZ:21	
Harding beautiful to the state of the state		

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)

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Richard Schmitt
	17.2 1757 ApplachicalA 13/32320
	·
•	
(Use attachment if necessary)	
TCLE V: Effective date, if other than	the date of filing: (OPTIONAL)
a effective date is listed, the date mus	t be specific and cannot be more than five business days prior
90 days after the date of filing.)	
90 days after the date of filing.)	71, 11, //
90 days after the date of filing.) REQUIRED SIGNATURE:	Delina I
90 days after the date of filing.) REQUIRED SIGNATURE:	nber or an authorized representative of a member.
90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a men (In accordance with of this document co	section 608.408(3), Florida Statutes, the execution
90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a men (In accordance with of this document co that the facts states	section 608.408(3), Florida Statutes, the execution

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Fees: