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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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FILED SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

MAY 1 5 2009

EXAMINER

COVER LETTER

| Division of C | | | | | | | |
|------------------------------|---|--------------------------|--|---|--|--|--|
| SUBJECT: | Livesky (| y Creative Solutions LLC | | | | | |
| | Name of Limit | led Liabi | lity Con | npany | | | |
| The enclosed Articles | of Organization and fee(s) are | submitte | ed for fil | ing. | | | |
| Please return all corres | spondence concerning this mat | ter to the | followi | ng: | | | |
| | E | stella M | | ni | w- | | |
| | | Name o | f Person | | | | |
| | Livesky C | | | tions LLC | | | |
| | Firm/Company 1600 SE 15th St. Apt 509 | | | | | | |
| | | | | | | | |
| | | Add | lress | , | | | |
| | Fort Lauc | derdale | e, Flori | da 33316 | | | |
| W-100-100 | | ty/State ar | | | | | |
| | emce | ellini@ | hotma | l.com | | | |
| For further information | E-mail address: (to be used a concerning this matter, pleas | | annual re | eport nouncand | on) | | |
| Torraner mornation | , concoming this matter, prous | o ouiii | | | | | |
| | lla M Cellini | _ at (| 954 | _) | 907 9282 Telephone Number | | |
| Nam | e of Person | | Area Co | de & Daytime | Telephone Number | | |
| Enclosed is a check | for the following amount: | | | | | | |
| ∑ \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | Ce | rtified C | ing Fee & Copy opy 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 | | Registr Division Clifton 2661 E | Courier Add ation Section on of Corpora Building xecutive Cen | tions ter Circle | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | | | | |
|--|---|--|--|--|--|
| | | | | | |
| Livesky Creative So | olutions LLC | | | | |
| (Must end with the words "Limited Liability | y Company,""L.L.C.," or "LLC.") | | | | |
| 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: | | | | |
| 1600 SE 15th St. Apt 509 | 1600 SE 15th St. Apt 509 | | | | |
| Fort Lauderdale, Florida 33316 | Fort Lauderdale, Florida 33316 | | | | |
| 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 registration. | ered Agent. You must designate an individual or another | | | | |
| Estella M (| Cellini | | | | |
| Name | · · · · · · · · · · · · · · · · · · · | | | | |
| 1600 SE 15th St. Apt 509 | | | | | |
| Florida street address (P.O. I | Box NOT acceptable) | | | | |
| Fort Lauderdale | FL 33316 | | | | |
| City, State, an | d Zip | | | | |
| liability company at the place designated in th | ccept service of process for the above stated limited is certificate, I hereby accept the appointment as 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> | Name and Address: | |
|---|---|---------|
| "MGR" = Manager "MGRM" = Managing Member | | |
| President | Estella M Cellini | |
| | 1600 SE 15th St. Apt 509 | |
| | Fort Lauderdale, Florida 33316 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| (Use attachment if necessary) | | |
| • | e date of filing: (OPTIONA | AL) |
| | e specific and cannot be more than five business day | |
| REQUIRED SIGNATURE: | Dii | |
| Signature of a member | er or an authorized representative of a member. | |
| (In accordance with se of this document cons that the facts stated he | ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury rein are true.) | |
| <u>Este</u> | lla M. (ellini pped or printed name of signee | |
| Filing Fees: | | . 9 |
| \$125 NA Filing Fee for Articles of Orga | anization and Decimation | NIS VIS |

BIMAY ILL AMIO: L

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