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(Re	equestor's Name)	
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SECRETARY OF STATE
STALLAHASSEE, FLORI

B. KOHR

MAY 2 7 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 11, 2009

TIFFANY REICHARD 2960 S. MCCALL ROAD, SUITE #202 ENGLEWOOD, FL

SUBJECT: THE CREATIVE OUTLET, LLC

Ref. Number: W09000021839



We have received your document for THE CREATIVE OUTLET, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$130.00 payment.

Because the addition of the words "Florida" or "of Florida" to the end of a name does not constitute a significant name difference, the name you have chosen is too similar to the name of an existing Florida corporation -- CREATIVE OUTLET OF FLORIDA, INC. (H74711).,

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Letter Number: 909A00015839

COVER LETTER
TO: Registration Section Division of Corporations The Creative Outlet of Englewood
SUBJECT: 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:
Tiffany Reichard Name of Person Te
The Creative Outlet of Englewood
2960 S. McCall Road Suite#202
Englewood, FL 34224 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (941) 915-8134 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{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 Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: The Creative Out The Creative (Must end with the words "Limited Liabil	let of Englewood, LLC
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2960 S. McCall Rd. Suite#202 Englewood, FL 34224	6089 Dime Ct. Port Charlotte, FL 33981
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the r	egistered agent are:
Tiffany Reic	Box NOT acceptable) FL 3398
¹ Name	26
_6089 Dime Ct.	SEE BO
Florida street address (P.O.	Box NOT acceptable)
Port Charlotte City, State, an	rt 53981 95 95 95 95 95 95 95 95 95 95 95 95 95
liability company at the place designated in to registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as D. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608 F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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" = Mana "MGRM" = Ma	nger nnaging Member	Name and Address:
MGR		Tiffany Reichard 6089 Dime Ct. Port Charlotte, FL 33981
	<u> </u>	
- 100, 41 - 50		
	• /	date of filing: (OPTION
fective date is li days after the d	e date, if other than the isted, the date must be late of filing.)	date of filing: (OPTION e specific and cannot be more than five business dates
LE V: Effective fective date is li days after the c	e date, if other than the isted, the date must be date of filing.) IGNATURE:	e specific and cannot be more than five business de
LE V: Effective fective date is li	e date, if other than the isted, the date must be late of filing.) IGNATURE: Signature of a nembe (In accordance with sec of this document const that the facts stated her	e specific and cannot be more than five business de specific and cannot be more than five busine

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)