

LD9000082327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

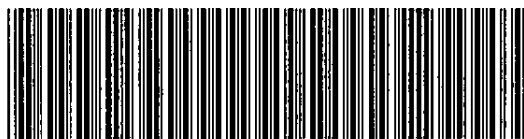
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

LD9000036529

Office Use Only



400158919024

08/11/09--01009--012 **130.00

FILED

09 AUG 25 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 26 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Creative Kiwie LLC
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:

Neil Levy

Name of Person

Creative Kiwie

Firm/Company

3131 NE 188th Street Apt. 1-1010

Address

Aventura, FL 33180

City/State and Zip Code

levy.neil@gmail.com

E-mail address: (to be used for future annual report notification)

FILED
09 AUG 25 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Neil Levy

Name of Person

at (305)

7669358

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 12, 2009

NEIL LEVY
3131 NE 188TH STREET APT. 1-1010
AVENTURA, FL 33180

SUBJECT: CREATIVE KIWIE LLC
Ref. Number: W09000036529

FILED
09 AUG 25 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CREATIVE KIWIE 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 provide the name of each MGRM.,

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 809A00027510

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Creative Kiwie 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:

3131 NE 188th Street Apt. 1-1010
Aventura, FL 33180

Mailing Address:

3131 NE 188th Street Apt. 1-1010
Aventura, FL 33180

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:

Neil Levy

Name

3131 NE 188th Street Apt. 1-1010

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

Aventura, 33180 FL

City, State, and Zip

FILED
09 AUG 25 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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:

MGRM

NEIL LEVY
3131 NE 188th Street Apt. 1-1010
Aventura, FL 33180

MGRM

CAROLINA CHOCRON
3131 NE 188th Street Apt. 1-1010
Aventura, FL 33180

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:



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.)

Neil Levy

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)

FILED
09 AUG 25 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA