

LD9000118832

(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:

Office Use Only



800163525798

12/14/09--01055--016 \*\*130.00

FILED  
09 DEC 14 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 15 2009

EXAMINER

EFFECTIVE DATE 12/15/09

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CREATIVE CONNECTIONS INTERNATIONAL, 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:

Paola I. Padovan

Name of Person

Firm/Company

696 FERNWOOD ROAD

Address

Key Biscayne, FL 33149

City/State and Zip Code

paolapadovan@bellsouth.net

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

09 DEC 14 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Paola I. Padovan

Name of Person

at ( 305 )

361-1402

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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CREATIVE CONNECTIONS INTERNATIONAL, 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:**

**Mailing Address:**

696 Fernwood Road  
Key Biscayne, FL 33149

696 Fernwood Road  
Key Biscayne, FL 33149

**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:

Paola I. Padovan

Name

696 Fernwood Road

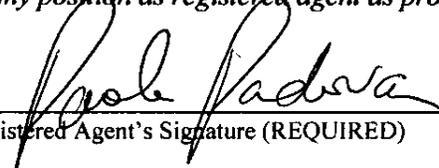
Florida street address (P.O. Box **NOT** acceptable)

Key Biscayne, FL 33149 FL

City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DEC 14 AM 11:42  
FILED

*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)

EFFECTIVE DATE 12/15/07

**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

Nelida Palmer

141 Cape Florida Drive

Key Biscayne, FL 33149

MGRM

Paola I. Padovan

PO Box 490855

Key Biscayne, FL 33149

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

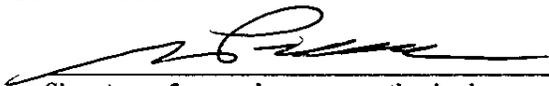
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 12/15/2009 (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.)

Nelida Palmer

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 DEC 14 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE \_\_\_\_\_