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EXAMINER



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COVER LETTER

	ation Section of Corporations			
SUBJECT:	Imagi C	reative Services, LLC		
	Name of Limi	ted Liability Company		
The enclosed Art	icles of Organization and fee(s) are	submitted for filing.		
Please return all o	correspondence concerning this ma	tter to the following:		
	And	dres Leguizamon		
		Name of Ferson		
	Imagi C	reative Services, LLC		
		Firm/Company		
	8005 Oak Drive			
		Address		
	Pal	metto, FL 34221		
		ty/State and Zip Code		
	andres E-mail address: (10 be used	@imagicreative.com for future annual report notification)		
For further inform	nation concerning this matter, pleas			
An	dres Leguizamon Name of Person	at (941)266-2193 Area Code & Daytime Telephone Number		
Enclosed is a ch	eck for the following amount:			
]\$125.00 Filing	Fee \$\sqrt{30.00}\$ Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

The name of the Limited Liability Company	is:	
Imagi Creative	Services. LLC	
(Must end with the words "Limited L	iability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
6306 36th Ct E	6306 36th Ct E	
Ellenton, Fl. 34222	Filenton, FI 34222	
business entity with an active Florida registration.) The name and the Florida street address of the Andres L	ne registered agent are:	u. D
Na		SECRE VISION 10 FEB
0005.6		21 20
8005 C	Dak Drive	
	Oak Drive P.O. Box <u>NOT</u> acceptable)	RETAR SHOP I
Florida street address (P Palmetto, FL 34221	P.O. Box <u>NOT</u> acceptable)	3
Florida street address (P	P.O. Box <u>NOT</u> acceptable)	RETARY OF START OF ST

(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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Andres Leguizamon 8005 Oak Drive Palmetto, FL 34221
MGRM	Marc Lalosh 6306 36th Ct E Ellenton, FL 34222
	
(Use attachment if necessary)	
	of filing: 02/2010 (OPTIONAL) ecific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated hercin a	608.408(3), Florida Statutes, the execution san affirmation under the penalties of perjury re true.)
	res Leguizamon r printed name of signce

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