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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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SECRETARY OF STATE

T. CLINE
JUL 12 2010
EXAMINER

COVER LETTER

TO: Registration Section

Division of C	Corporations		
SUBJECT:	PREATIVOZ Gra		_
	Name of Limited	d Liability Company	
The enclosed Articles	of Organization and fee(s) are so	ubmitted for filing.	
Please return all corres	spondence concerning this matte	r to the following:	
	JEFFREY T	AWKEY Name of Person	
		Sup UC Firm/Company	
	2977 McFarlan	ve Rd # 200 Address	
-	Miami, FL	33)33 /State and Zip Code	7 (5m)
	Jeff@fiam	rent designs, com	
For further information	n concerning this matter, please	က်	12 ABA 01 Page 12 Page
<u>Natasha</u>	Del Valle e of Person	at (305) 593-7488 The 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 & S160.00 Filing Certified Copy (additional copy is enclosed) Certified Copy (additional copy	f Status & oy
	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:
CREATIVOZ GROUP 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:
2977 McFarlane Rd #200 2977 McFarlane Rd #200
Minmi, FL 33133 Minmi, FL 33133 == = ===========================
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:
JEFFREY PANKEY
15950 SW 60 ST
Florida street address (P.O. Box <u>NOT</u> acceptable)
Miami FL 33193 City, State, and Zip
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 registered (REOURED)

(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:

Name and Address:	
Jeffrey Pankey 15950 SW 60 ST Minn: FL 33193	
Raymond Palacios 7124 SW 139 PL Miami, FL 33183	
TO BY THE THE	
SSEE TO MAKE TO THE TOTAL TOTA	
1 1 'TI	

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.)

TEffrey Pankey
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)