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L10000116001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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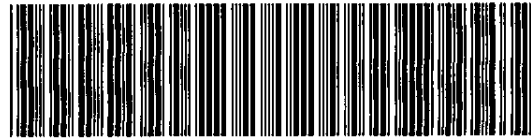
(Business Entity Name)

(Document Number)

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Effective Date 11-3-10

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10 NOV -5 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L10000116001
COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Creative Accommodations II
Name of Limited Liability Company
LLC.

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHELLY Lynn Reynolds
Name of Person

Creative Accommodations II
Firm/Company

9494 Wimerton Rd Bldg 3
Address

Largo, FL 33771
City/State and Zip Code

Shelly Rents @ Yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shelly Reynolds at 727 623-3009
Name of Person Area Code & Daytime Telephone Number
US 1911 #443

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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Creative Accommodations II
 (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")
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:**

9494 Wilmerton Rd #3 Same
Dargo FL 33771

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:

Robert Berns
 Name

18675 US 19 N #443
 Florida street address (P.O. Box NOT acceptable)

Clearwater FL
 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.

R. Berns

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

MGRMGRM**Name and Address:**Shelly Reynolds
94945 Ulmerton Rd # 3
Largo FL 33771Robert Kerns
18675 US 19 N # 443
Clearwater, FL

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/3/10 (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.)

US 19 N # 443**REQUIRED SIGNATURE:**Shelly Reynolds
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Shelly Reynolds
Typed or printed name of signer**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**
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