Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6393

From:

Account Name : LAZARUS CORPORATE FILING SERVICE,

Account Number : I20000000019 : (305)552-5973 Phone

Fax Number : (305)220-1440

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO. ELN CREATIVE DESIGNS, LLC

Certificate of Status

1

Certified Copy

Page Count

03

Estimated Charge

\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

business entity with an active Florida registration.)



ELN CREATIVE DESIGNS, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

ARTICLE U - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
15211 SW 23RD LANE	15211 SW 23RD LANE
MIAMI, FL 33185	MIAMI, FL 33185
	egistered Office, & Registered Agent's Signature
The Limited Liability Company cannot serve as its	own Registered Agent, You must designate an individual or another

The name and the Plorida street address of the registered agent are:

NANCY NEGRON
Name
15211 SW 23RD LANE

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

MIAMI,

{E}33185

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.

(CONTINUED)

ent's Signature (

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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:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	NANCY NEGRON
	15211 SW 23RD LANE
•	MIAMI, FL 331B5
MGRM	ELSIE R. NEGRON
	15211 8W 23RD LANE
	MIAMI, FL 33185
	40 May 1
(Use attachment if necessary)	
(
	n the date of filing: MARCH 3, 2011 . (OPTIONAL) ust be specific and cannot be more than five business days prior
to or 90 days after the date of fling.)	
REQUIRED SIGNATURE:	
1.4	

Signature of a metabor 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 penaltics 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.)

NANCY NEGRON

Typed or printed usine of signee

Filing Fees:

\$125.09 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of States (Optional)

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