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(Requestor's Name)		
(Address)		
(Address)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

G. MCLEOD

MAR 23 2011

EXAMINER



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SECRETARY OF STATE
ALLAHASSEFF FINDER

COVER LETTER

TO: Registration of	n Section Corporations	
SUBJECT:	Muse Creation LLC.	
SUBJECT.	Name of Limited Liability Company	
The enclosed Article	s of Organization and fee(s) are submitted for filing.	
Please return all corr	espondence concerning this matter to the following:	
Kristen	M. Kramer	
	Name of Person	
	Firm/Company	
007 44	, ,	
807 Alte	on Road #5 Address	
Miami Re	each, FL 33139	
IVIIAITII DE	City/State and Zip Code	
kkramer2	08@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further informati	on concerning this matter, please call:	
Kristen M. Kra	at (
Na	ne of Person Area Code & Daytime Telephone Number	
Enclosed is a check	for the following amount:	
\$125.00 Filing Fee	\$130.00 Filing Fee & Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tus &
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	nany ic	
The name of the Limited Liability Com	pany is.	
Muse Creation LLC.		
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liabili	ity Company is:
Principal Office Address:	Mailing Address:	
807 Alton Road #5 Miami Beach, FL 33139	807 Alton Road #5 Miami Beach, FL 33139	<u></u>
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)	gistered Office, & Registered Agent's Signown Registered Agent. You must designate an individual	or another
The name and the Florida street address	of the registered agent are:	FIL MAR 22 CRETAR LAHASSI
Kristen M. Kram	er	ZZ ASS
Name		
807 Alton Ro	oad #5	T)
Florida	street address (P.O. Box NOT acceptable)	HE STATE
Miami Reach	33130	5

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Name and Address:
Kristen M. Kramer 807 Alton Road #5 Miami Beach, FL 33139
ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
Ay, M. Knarr
-

(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.)

Kristen M. Kramer

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)