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SECRUTARY OF STATES

J. SAULSBERRY EXAMINER

DEC 2 7 2011

COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	E & H Creations, LLC	
50 5 0E0	Name of Limited Liability Company	
The encl	losed Articles of Organization and fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning this matter to the following:	
_	Tina Boyce Name of Person	
	Strategic Entity Services, LLC	2
_	Firm/Company	610
_	1500 Avenue F, Suite 3	EC 7
	Address	2
_	Ely, Nevada 89301	-8: 8:
	City/State and Zip Code	#
_	E-mail address: (to be used for future annual report notification)	
For furth	ner information concerning this matter, please call:	
	Tina Boyce at (866) 310-7289	
	Name of Person Area Code & Daytime Telephone Number	
Enclose	ed is a check for the following amount:	
125.00 I	Filing Fee \$\bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}\$\$ Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	s &
	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

ADDIOL	* *		
ARTICI	иСΙ	- Na	me

The name of the Limited Liability Company is:

E & H Creations, LLC

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

ARTICLE II - Address:

Dringing | Office Address

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

Frincipal Office Address:	Walling Address.
575 N. E. 1st Avenue	575 N. E. 1st Avenue
Deerfield Beach FL 33441	Deerfield Beach FL 33441

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:

ne Florida street address of the registered agent are.	\mathbb{Z}_{\odot}	2011	
Elba Santiago	LC):	=	
Name	= f	C)	4.
575 N. E. 1st Avenue	ASSE	22	Į
Florida street address (P.O. Box NOT acceptable)		<u> </u>	Î
Deerfield Beach FL 33441		ထဲ	
City, State, and Zip	NO TO	<u></u>	

Mailing Address

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 Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>litle:</u>	Name and Address:
MGR" = Manager	S. 7.
'MGRM" = Managing Member	in in the second of the second
MGRM	Elba Saniago
	575 N.E. 1st Avenue
	Deerfield Beach FL 33441
MGRM	Hector Nunez
	575 N.E. 1st Avenue
	Deerfield Beach FL 33441
<u>-</u>	
Use attachment if necessary)	
LE V: Effective date, if other thatective date is listed, the date mu	n the date of filing: (OPTIO ust be specific and cannot be more than five business of
Use attachment if necessary) LE V: Effective date, if other that fective date is listed, the date medays after the date of filing.) REQUIRED SIGNATURE:	n the date of filing: (OPTIO ust be specific and cannot be more than five business of
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LE V: Effective date, if other that ective date is listed, the date medays after the date of filing.) REQUIRED SIGNATURE: Signature of a median (In accordance with section constitutes an affirmation I am aware that any false)	ust be specific and cannot be more than five business of
LE V: Effective date, if other that ective date is listed, the date medays after the date of filing.) REQUIRED SIGNATURE: Signature of a median of the constitutes an affirmation I am aware that any false	nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State

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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)