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(Requestor's Name)	
(Address)	
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,	
(City/State/Zip/Phone #)	
(Oity/State/Zip/F11011e #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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J. BRYAN

MAR 1 9 2012

EXAMINER

COVER LETTER

Division of Co			
_{SUBJECT:} Weins	tein Creative LL0	C	
		ed Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspondent	ondence concerning this matt	er to the following:	
Christoph	er R Weinstein		
		Name of Person	
Weinstein	Creative LLC		THE RESERVE
		Firm/Company	SEE OF PA
3661 Con	nmercial Way		To si
		Address	RIOP
Spring Hill I	FL 34606		
		y/State and Zip Code	
jeanmarie@	seabaughtax.com	or future annual report notification)	
For further information of	concerning this matter, please	·	
Jeanmarie Seaba	augh	at (352) 596-1022	
Name (of Person	Area Code & Daytime Telep	hone Number
Enclosed is a check fo	r 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 Ci	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

addiability Common M. I. C. Yarrill C. Y.
ed Liability Company, "L.L.C.," or "LLC.")
the principal office of the Limited Liability Company is:
Mailing Address:
same
istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are: ugh Name rcial Way reet address (P.O. Box NOT acceptable)
rcial Way
reet address (P.O. Box NOT acceptable)
reet address (P.O. Box NOT acceptable) FL 34606

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

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

"MGRM" = Managing Member	
MGRM	Christopher R Weinstein
	3491 El Prado Ave
	Spring Hill FL 34609
	<u> </u>
	TALSES THE
	7
	F.F. 6
	SERIES TO
(Use attachment if necessary)	7
	n the date of filing: (OPTIONAlist be specific and cannot be more than five business day

REQUIRED SIGNATURES

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.)

Christopher Ray Weinstein

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)