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D. BRUCE

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**EXAMINER** 

## **COVER LETTER**

TO: Registration Division of	n Section Corporations		
SUBJECT:	- 170-1	d Liability Company	<del></del>
The enclosed Article	s of Organization and fee(s) are s	submitted for filing.	
Please return all corr	espondence concerning this matter	er to the following:	
R	amon Benton		
	<u> </u>	Name of Person	
		Firm/Company	<del></del>
2.	22 ( ()		
	42 NMM SP	Address	<u> </u>
4	Malazzi - El	87310	
10	City City	y/State and Zip Code	
	ramonbenton	SZS16  y/State and Zip Code  Gramai), Gm  or future annual report notification)	<b>A 3 5 5</b>
	E-mail address: (to be used f	or future annual report notification)	<u> </u>
For further informat	ion concerning this matter, please	e call:	JUN -5 RETARN
5 HAWM SI	CRERT	856 322-2080	111.
Na Na	me of Person	at (856) 322 - 2080 Area Code & Daytime Telephone Number	PH 4: 00 FISTAIL
L			
/	k for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 File Certified Copy Certificate of	
	certificate of Status	(additional copy is enclosed) Certified Co	ру
		(additional co	py is enclosed)
	Mailing Address	Street/Courier Address	
	Registration Section Division of Corporations	Registration Section Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	
	rananassee, FL 32314	Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan	ne:					
The name of the Li	mited Liability Cor	npany is:				
	st end with the words "Li	eative	ompany, "L.L.C.," or "LLC.	")		
ARTICLE II - Ad The mailing addres		s of the princi	oal office of the Limi	ted Liability C	ompany	y is:
Principal Office A	ddress:	<u>M</u>	ailing Address:			
3539 Apr Tallahassa	alachue Pkwy e FL 3231	Ste-3, #L	(A)			
(The Limited Liability Co	egistered Agent, R ompany cannot serve as it active Florida registration	s own Registered	fice, & Registered A Agent. You must designate	gent's Signati an individual or and	ire: other	
The name and the	Florida street addre	ss of the regis	tered agent are:	<u> </u>	<b>%</b>	*********
	RAMON BEI	wton		AS	₹ <b>₹</b>	-
		Name		SA M M	- a	-
	2603 GU			- F-1	PM 4: 08	
	Florid	da street address	(P.O. Box NOT acceptal	ble) STAT		U
	Tallahass	See Fl City, State, a	323 sq	OA A	œ	
liability compa	ny at the place desig	gnated in this (	ept service of process ; certificate, I hereby ac further agree to comp	ecept the appoir	ntment d	7.S

Registered Agent's Signature (REQUIREB)

statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position are registered agent as provided for in Chapter 608, F.S.

(CONTINUED)

## The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRW MCRM (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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.) REQUIRED SIGNATURE: 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.) BENTON Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)