

L12000102491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

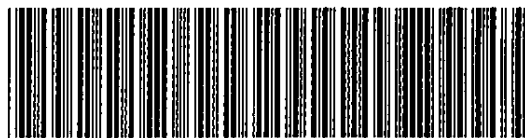
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900237072449

RECEIVED
2012 AUG -3 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 AUG -3 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

D. BRUCE

AUG 09 2012

EXAMINER

W12-41037
112-41459



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2012

CSC

RESUBMIT

Please give original
submission date as file date.

SUBJECT: VIRTUAL CREATIVE SOLUTIONS, PLLC
Ref. Number: W12000041459

We have received your document for VIRTUAL CREATIVE SOLUTIONS, PLLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 912A00020521

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12 AUG - 3 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
12 AUG - 8 PM 2:03



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2012

CSC
SUSIE KNIGHT

RESUBMIT

Please give original
submission date as file date.

SUBJECT: CREATIVE SOLUTIONS OF FLORIDA PLLC
Ref. Number: W12000041037

We have received your document for CREATIVE SOLUTIONS OF FLORIDA
PLLC. However, the document has not been filed and is being returned for the
following:

The name designated in your document is unavailable since it is the same as, or
it is not distinguishable from the name of an existing entity. Section 608.406,
Florida Statutes, was amended effective July 1, 2007, to require the name of a
limited liability company to be distinguishable from the names of all other filings
filed with the Division of Corporations, except for fictitious name registrations and
general partnership registrations.

Please select a new name and make the correction in all the appropriate places.
One or more words may be added to make the name distinguishable from the
one presently on file. Adding of Florida or Florida to the end of the name is not
acceptable. A search for name availability can be made on the Internet through
the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words
"Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC".
The word "Limited" may be abbreviated as "Ltd." and the word "Company" may
be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited
Company", "L.C.", and "LC".

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6051.

Gina McLeod
Regulatory Specialist II

Letter Number: 412A00020347

RECEIVED
12 AUG -7 AM 11:03
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TALLAHASSEE, FLORIDA
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 299968, 7898559

AUTHORIZATION :

COST LIMIT : \$125.00
Please give original
submission date as file date.

RESUBMIT

Sybil K. ...

ORDER DATE : August 2, 2012

ORDER TIME : 12:38 PM

ORDER NO. : 299968-001

CUSTOMER NO: 7898559

DOMESTIC FILING

NAME: CREATIVE SOLUTIONS OF FLORIDA,
 PLLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 AUG -3 AM 9:40

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Virtual Creative Solutions, PLLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1508 Southport Street
The Villages, FL, 32162

1508 Southport Street
The Villages, FL, 32162

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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL, 32301

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.

Corporation Service Company

By: *Quinn R. Drilling*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Roy R Narducci
1508 Southport St
The Villages Fl 32162

MGRM

KATHLEEN A NARDUCCI
1508 Southport St
The Villages Fl 32162

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

ARTICLE VI: The purpose is FREELANCE CONSULTING.

REQUIRED SIGNATURE:

Corporation Service Company, Authorized Representative

By: E. Day

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.)

Name: Evan Day

Typed or printed name of signee

Title: Assistant Secretary

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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