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SECRETARY OF STATE
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JAN 1 1 2013 J. BRYAN

COVER LETTER

TO:	Registration Division of	n Section Corporations		
SUBJE	CT·	AMERICA	CREATIONS, LLC	
SOLOR	<u> </u>		nited Liability Company	
The end	closed Articles	s of Organization and fee(s) are	re submitted for filing.	
Please	return all corre	espondence concerning this mat	atter to the following:	下一下 是11:48
,		Ma. Ce	ecilia B. Langlois	5
			Name of Person	玉
		AMERIC	CA CREATIONS, LLC	=
			Firm/Company 33	6
		3663	3 Coronado Rd	
•			Address	
		Jacks	sonville, FL 32217	
•			City/State and Zip Code	
_		cecilia.b	o.langlois@gmail.com	
			d for future annual report notification)	
For fur	ther information	on concerning this matter, pleas	ase call:	
Ma.	Cecilia B		at (904) 352-4033	
	Nan	ne of Person	Area Code & Daytime Telephone Number	
Enclos	ed is a check	for the following amount:		
§125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	s &
		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 Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	ATIONS, LLC lity Company, "L.L.C.," or "LLC.")
	FE 32 7
AMERICA CREA	ATIONS, LLC
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	発電 玉 て
The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
-	a de la companya de l
Principal Office Address:	Mailing Address:
3663 Coronado Rd	3663 Coronado Rd
Jacksonville, FL 32217	Jacksonville, FL 32217
	•
(The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.) The name and the Florida street address of the InCorp Service Name 17888 67th (registered agent are: ces, Inc. Court North
	dress (P.O. Box <u>NOT</u> acceptable)
Loxahatchee	_{FL} 33470
City, St	tate, and Zip
liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S CA behalf of incorp Services, Inc. Iture (REQUIRED)

(CONTINUED)

<u>Title:</u>	Name and Address:
"MGR" = Manager	S 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
"MGRM" = Managing Member	THO Z
	naging Member(s): ager or Managing Member is as follows: Name and Address: Ma. Cecilia B. Langlois
MGRM	Ma. Cecilia B. Langlois
	3663 Coronado Rd
	Jacksonville, FL 32217
MGRM	Pono Antonio P. Rojo
	Rene Antonio P. Bajo
	Blk 41, Lot 1, Monteritz Drive, Monteritz Classic Estates
	Ma-a Diversion, Davao City 8000 PHILIPPINES
·	he date of filing: <u>January 10, 2013</u> . (OPTION
LE V: Effective date, if other than the fective date is listed, the date must	he date of filing: <u>January 10, 2013</u> . (OPTION be specific and cannot be more than five business d
(Use attachment if necessary) LE V: Effective date, if other than the date date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	he date of filing: <u>January</u> 10, 2013. (OPTION be specific and cannot be more than five business d
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LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with section 6	ber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with section 6 constitutes an affirmation unit am aware that any false info	ber or an authorized representative of a member.
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LE V: Effective date, if other than the detive date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with section 6 constitutes an affirmation under the days after that any false infection stitutes a third degree felo.)	ber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State bony as provided for in s.817.155, F.S.) Ma. Cecilia B. Langlois