

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
INTERNATIONAL CREATIVE DESIGNS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED
 13 MAY -8 AM 6:46
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED
 2013 MAY -8 AM 10:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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MAY 09 2013

D. BRUCE

H13060104621

(850) 245-6051.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INTERNATIONAL CREATIVE DESIGNS, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1824 SE 23rd Avenue, Fort Lauderdale, FL 33316

1824 SE 23rd Avenue, Fort Lauderdale, FL
33316

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:

BENJAMIN M. LISS

Name

1824 SE 23rd Avenue

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

Fort Lauderdale, FL 33316

City, State, and Zip

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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)

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(850) 245-6051.

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Benjamin M. Liss

1824 SE 23rd Avenue, Fort Lauderdale, FL
33316

(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
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.)

Benjamin M. Liss

Typed or printed name of signer

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)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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