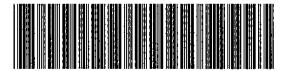


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
MAY 3 1 2013
EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

DB KREATIVE XPRESSIONS

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Darren	Blake				
		Name of Person			
DB KRI	EATIVE XPR	ESSIONS	}		
***************************************		Firm/Company			
PO BO	X 6041				
		Address		Σ _S	201
Delray	Beach, Fl. 33	482		ECRÉ.	2013 MAY
		y/State and Zip Code		ASSE	30
Dbkreative	e@gmail.com			<u>mo</u>	<u> </u>
For further information	E-mail address: (to be used to concerning this matter, please	-	t notification)	FLOR	= (
Darren Bla		561 ,	306-02	38 □ □ □	8
Name	of Person	_ ~ \/	& Daytime Telepho	one Number	_
Enclosed is a check for	or the following amount:				
□\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Certified Cop (additional copy	is enclosed)	\$160.00 Filing Certificate of S Certified Copy (additional copy i	Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	f Corporations	cle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DB KREATIVE XPRESSIONS LLC. (Must end with the words "Limited Liability or the words "Limited Liability or the words")	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
592 NW 53rd Avenue Delray Beach, FL. 33445	PO Box 6041 Delray Beach, FL 33482
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the register business entity with an active Florida registration.) Darren Blake Name	ered Agent. You must designate an individual or another
592 NW 53rd Avenue Florida street add	ress (P.O. Box NOT acceptable)
Delray Beach	
City, Sta	te, and Zip
liability company at the place designated in the registered agent and agree to act in this capaci all statutes relating to the proper and complete	nccept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of a performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Darren Blake
	592 N.W. 53rd Avenue
	Delray Beach, FL. 33445
	7AL SE
	LCRE AR
	→ →
	SS 3 3
(Use attachment if necessary)	
(,)	, , , , , , , , , , , , , , , , , , ,
LE V: Effective date, if other than the	he date of filing: $\frac{\sqrt{1}/13}{}$. (OPTION
	st be specific and cannot be more than five busin
or 90 days after the date of filing.)	
	·
REQUIRED SIGNATURE:	
()	Parko
MITION	4/17

(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.)

Darren Blake

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)