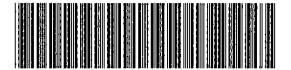
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(Address)
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COVER LETTER

•••	on Section F Corporations		
SUBJECT: Art	istically Created	d LLC	
JUDGECT:	Name of Limit	ed Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articl	es of Organization and fee(s) are	submitted for filing.	
Picase return all con	respondence concerning this matt	ter to the following:	
Wade	Fleshman		
		Name of Person	,
		Firm/Company	
8831	St. Andrews Dr	rive	
		Address	<u></u>
Miran	nar Beach, Flori	ida 32550	
wadeiii	@prodigy.net	ty/State and Zip Code	
· · · · · · · · · · · · · · · · · · ·	E-mail address: (to be used	for future arenual report notification)	
For further informs	ion concerning this matter, please		
Wade Fl	eshman	_ _{a(} 850 ⁻),687-96	616
N	ame of Person	Area Code & Daytime Telep	
Enclosed is a che	ck for the following amount:		
■\$125.00 Filing F	ce U\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed

<u>Mailing Address</u>
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

The name of the Limited Liability Company is		
	:	
Artistically Created LLC		
(Must end with the words "Limited Liab	dity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Comp	pany is:
Principal Office Address:	Mailing Address:	
8831 St. Andrews Drive	8831 St. Andrews Drive	
Miramar Beach, Florida 32550	Miramar Beach, Florida 32550	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the Wade H. Fleshman	stered Agent. You must designate an individual or another	
	_	~ ~ ~ ~
Name	•	美国マコ
8831 St. Andrews Drive		FIL SEP 20 AllASS
8831 St. Andrews Drive Florida street ac	ddress (P.O. Box <u>NOT</u> acceptable)	20 ARY O
8831 St. Andrews Drive Florida street au Miramar Beach, Florida	ddress (P.O. Box <u>NOT</u> acceptable) 32550	20 AN SSEE, F
8831 St. Andrews Drive Florida street au Miramar Beach, Florida	ddress (P.O. Box <u>NOT</u> acceptable)	20 ARY O

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb er	Name and Address:
MGRM_	Wade H. Fleshman
 	8831 St. Andrews Drive
	Miramar Beach, Florida 32550
(Use attachment if necessary) FICLE V: Effective date, if other than the	he date of filing: /OPTIONAL)
TICLE V: Effective date, if other than the	ist be specific and cannot be more than five business days
FICLE V: Effective date, if other than the effective date is listed, the date mu	ist be specific and cannot be more than five business days
FICLE V: Effective date, if other than the effective date is listed, the date must be to or 90 days after the date of filing.)	ist be specific and caunot be more than five business days
FICLE V: Effective date, if other than than effective date is listed, the date must to or 90 days after the date of filing.) REQUIRED SIGNATURE:	ist be specific and caunot be more than five business days
FICLE V: Effective date, if other than than effective date is listed, the date must to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a mental constitutes an affirmation und lam aware that any false info	ist be specific and cannot be more than five business days

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)