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COVER LETTER ,

TO: Registration S Division of Co			
SUBJECT: Gal	oo Creative LL Name of Limit	C ed Liability Company	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	oondence concerning this matt	er to the following:	
	Tibby Sto	Name of Person	
	Galgo Cre	ative Firm/Company	
		lla Vista way	
	•		
	<u>OL</u>	lando FL 32825 y/State and Zip Code	
		Jan creative com offuture annual report notification)	
For further information	concerning this matter, please	call:	
Tibby	Starks of Person	at (937) 621-95: Area Code & Daytime Telephon	5 7 c Number
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Co	60.00 Filing Fee, ertificate of Status & ertified Copy ddditional copy is enclosed)
	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	2

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:			
Galgo Creative LLO (Must end with the words "Limited Liability	y Company, "L.L.C." or "LL.C.")		
ARTICLE II - Address:	Effective Date Jan. Of wide		
Principal Office Address:	Mailing Address:		
0850 Bella Vista Way ORlando, FL 32875	850 Bella vista Way ORlando, FL 32825		
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 re-	gistered agent are:		
Tibby Stark	25		
850 Bella Vista Florida street addre	ess (P.O. Box NOT acceptable)		
City, State	FL 32825 c, and Zip		
liability company at the place designated in the registered agent and agree to act in this capacit all statutes relating to the proper and complete	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of performance of my duties, and I am familiar with istered agent as provided for in Chapter 608, F.S.		

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Manager and address of each Manager	naging Member(s): ger or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Tibby Starks 850 Bella Vista Way Orlando FL 32825
MGRM	Daniel Starks 850 Bella Vista Way Orlando FL 32825
(Use attachment if necessary)	
FICLE V: Effective date, if other than the in effective date is listed, the date must r to or 90 days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: 1/1/2014 (OPTIONAL to be specific and cannot be more than five business
<i>^</i>	11 -
Signature of a mamb	or or an authorized representative of a member.
(In accordance with section 60s constitutes an affirmation unde I am aware that any false infor	8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
771.1	y Starks yped 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)