

WI500004174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
WI500004174



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01/08/15--01016--003 **160.00

15 FEB 11 PM 12:49
FEB 11 2015
11:00

LC
New

FEB 17 2015

R. WHITE

Office Use Only



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 21, 2015

JAMES C DEGELMAN
10818 DEARDEN CIRCLE
ORLANDO, FL 32817

SUBJECT: CREIGHTON ENTERPRISES LLC
Ref. Number: W15000004174

RECEIVED
15 FEB 11 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

We have received your document for CREIGHTON ENTERPRISES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050. 6051

Rebekah White
Regulatory Specialist II

Letter Number: 815A00001182

* Changes Made / Thank You

RECEIVED

15 FEB 12 PM 2:11

Division of Corporations
Bureau of Commercial Information Services

J. Degelman

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CREIGHTON 1310 "LLC"
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:

JAMES C. DEGELMAN
Name of Person

CREIGHTON 1310 "LLC"
Firm/Company

10818 Dearden Circle
Address

Orlando, Florida 32817
City/State and Zip Code

jdrosewood@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Degelman at (407) 340-9193
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$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)

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

FILED

15 FEB 11 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

CREIGHTON 1310 "LLC"

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

ARTICLE II - Address:

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

Principal Office Address:

1310 Fairview Ave
Winter Park, Fla. 32789

Mailing Address:

1310 Fairview Ave
Winter Park, Fla. 32789

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:

Paula Richardson

Name

10818 Dearden Circle

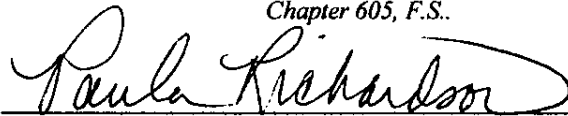
Florida street address (P.O. Box **NOT** acceptable)

Orlando FL 32817

City

Zip

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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR / MGR

Name and Address:

James C. Degelman

1310 Fairview Ave

Winter Park, Fla 32789

AMBR / MGR

P. Richardson

10818 Dearden Circle

Orlando, Fla. 32817


(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 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 or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

James C. Degelman

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)