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PłCK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	CREATIVE CNTRL LLC.	
SOBILE	Name of Limited Liability Company	
The encl	losed Articles of Organization and fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning this matter to the following:	
	KETLIE DANIELS	
	Name of Person	
	TAX-MACK USA INC	
	Firm/Company	
	9820 NW 7TH AVE	
	Address	
	MIAMI, FLORIDA 33150	
	City/State and Zip Code msdiamondexpess@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further	er information concerning this matter, please call:	
	KETLIE DANIELS 305 693-5195	
	Name of Person Area Code Daytime Telephone Number	
Enclosed	d is a check for the following amount:	ń
\$125.00	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building Tallahassee, FL 32314 Z661 Executive Center Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

CREATIVE CNTRL	HC ·		
	ith the words "Limited Lia	bility Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	dress of the principal office	of the Limited I	Liability Company is:
<u>Principa</u>	l Office Address:		Mailing Address:
12950 NW 18th COU	RT .	12950	NW 18th COURT
ARTICLE III - Registered Ager (The Limited Liability Company canother business entity with an ac	nt, Registered Office, & Regannot serve as its own Reg	egistered Agent	MI, FLORIDA 33167 t's Signature: ou must designate an individual or
ARTICLE III - Registered Ager (The Limited Liability Company of	nt, Registered Office, & Reannot serve as its own Registive Florida registration.)	egistered Agent istered Agent. Y	t's Signature:
ARTICLE III - Registered Ager The Limited Liability Company of another business entity with an ac-	nt, Registered Office, & Reannot serve as its own Registive Florida registration.)	egistered Agent istered Agent. Y	t's Signature:
ARTICLE III - Registered Ager The Limited Liability Company of another business entity with an ac-	nt, Registered Office, & Reannot serve as its own Registre Florida registration.) ddress of the registered age	egistered Agent istered Agent. Y	t's Signature:
ARTICLE III - Registered Ager The Limited Liability Company of another business entity with an ac-	nt, Registered Office, & Reannot serve as its own Registre Florida registration.) ddress of the registered age	egistered Agent, Y istered Agent, Y nt are:	t's Signature:
ARTICLE III - Registered Ager The Limited Liability Company of another business entity with an ac-	nt, Registered Office, & Reannot serve as its own Registive Florida registration.) ddress of the registered age NIANI TOLBERT	egistered Agent, Y istered Agent, Y nt are:	t's Signature: ou must designate an individual or
ARTICLE III - Registered Ager The Limited Liability Company of another business entity with an ac-	nt, Registered Office, & Reannot serve as its own Regitive Florida registration.) ddress of the registered age NIANI TOLBERT Na 12950 NW 18th COURT	egistered Agent. Y int are: ime	t's Signature: ou must designate an individual or

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.

egistered Agent's Signature (REQUIRE

(CONTINUED)

Page 1 of 2

ECRETARION STATE

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	NIANI WALDEDT
AMBR	NIANI TOLBERT 12950 NW 18th COURT
	MIAMI, FLORIDA 33167
	MIAMI, I LOIDA 33107
·	
(Use attachment if necessary)	
EV: Effective date, if other than the date ctive date is listed, the date must be standard.) the date inserted in this block does not ment's effective date on the Department.	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 t meet the applicable statutory filing requirements, this date will not not of State's records.
E V: Effective date, if other than the date ctive date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. RES: NIANI TOLBERT 50%	specific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
CREATIVE CNTRL LLC.	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of t	he Limited Liability Company is:
Principal Office Address:	Mailing Address:
12950 NW 18th COURT	12950 NW 18th COURT
MIAMI, FLORIDA 33167	MIAMI, FLORIDA 33167
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are	red Agent. You must designate an individual or
NIANI TOLBERT	
Name	
12950 NW 18th COURT	
Florida street address (P.O. B	ox NOT acceptable)

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..

State

Zip

MIAMI FLORIDA 33167 City

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

15 SEP -4 AN EN 40

<u>Title:</u> "AMBR" = Authorized Mer	nher	Name and Address:		
"MGR" = Manager				
AMBR		NIANI TOLBERT		
		12950 NW 18th COURT		
		MIAMI, FLORIDA 33167		
MGR		SHAWANDA DAVIS		
		1930 NW 129th TER		,
		MIAMI, FLORIDA 33167		
			•	
(Use attachment if necessary	·)			
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ARTICLE IV-