

L15000153168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

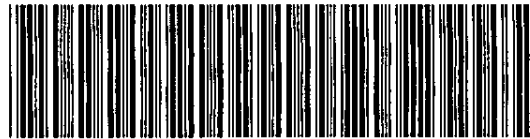
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/04/15--01008--022 **125.00

FILED
15 SEP -6 AM 8:40
SECRETARY OF STATE
MONTGOMERY COUNTY

SEP 15 2015
W PAINTER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CREATIVE CNTRL 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:

KETLIE DANIELS
Name of Person
TAX-MACK USA INC
Firm/Company
9820 NW 7TH AVE
Address
MIAMI, FLORIDA 33150
City/State and Zip Code
msdiamondexpress@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KETLIE DANIELS 305 693-5195
at ()
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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

15 SEP - 4 AM '00
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 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:

Mailing Address:

12950 NW 18th COURT
MIAMI, FLORIDA 33167

12950 NW 18th COURT
MIAMI, FLORIDA 33167

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:

NIANI TOLBERT

Name

12950 NW 18th COURT

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

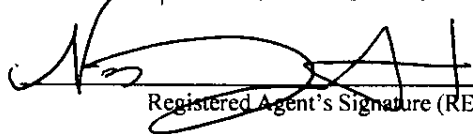
MIAMI FLORIDA 33167

City

State

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)

Page 1 of 2

SECRETARY OF STATE
15 SEP -4 AM 8:40
FILED

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

Name and Address:

NIANI TOLBERT

12950 NW 18th COURT

MIAMI, FLORIDA 33167

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the 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.)


Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

100 SHARES: NIANI TOLBERT 50%

SHAWANDA DAVIS 50%

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

NIANI TOLBERT

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)

FILED
15 SEP -4 AM 8:10
SECRETARY OF STATE
ARTICLE OF ORGANIZATION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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Name

12950 NW 18th COURT

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

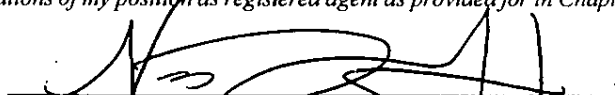
MIAMI FLORIDA 33167

City

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
15 SEP - 4 AM 2014
SECRETARY OF STATE
4111 MAASSEE BLVD
TALLAHASSEE, FLORIDA 32310

ARTICLE IV-

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"MGR" = Manager

AMBR

Name and Address:

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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100 SHARES: NIANI TOLBERT 50%

SHAWANDA DAVIS 50%

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NIANI TOLBERT

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\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
FILED
15 SEP -14 AM 8:40