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(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

D	ivision of Corporations
SUBJECT	G2 CREATIVE, LLC
JODJEC.	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	MICHAEL DICKERSON
	Name of Person
	G2 CREATIVE, LLC
	Firm/Company
	34627 BARRY LANE
	Address
	SORRENTO, FL 32776
	City/State and Zip Code MD@MADICKERSON.COM
•	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
	MICHAEL DICKERSON 407 758-5357
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
7\$ 125.00 F	iling Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

G2 CREA (Must end with the words "Limited Liab ddress: ess and street address of the principal office Principal Office Address:	of the Limited Liability Company is:	
ddress: ess and street address of the principal office	of the Limited Liability Company is:	SET. I
ess and street address of the principal office		
Principal Office Address:		i
THANKS OTHE WATER.	Mailing Address:	
BARRY LANE	34627 BARRY LANE	ć.
ENTO, FL 32776	SORRENTO, FL 32776	
	DICKERSON	
Na	me	
/ 8.8	ARRY LANE	
34627 B/	O Roy NOT acceptable)	
Florida street address (P.	o. Dox titte acceptable)	
	FLORIDA 32776	
Florida street address (P.6		
Florida street address (P.6 SORRENTO City	FLORIDA 32776 State Zip	
Florida street address (P.6 SORRENTO City d as registered agent and to accept service of	FLORIDA 32776 State Zip f process for the above stated limited liability con	mpany at ti capacity.
Florida street address (P.6 SORRENTO City d as registered agent and to accept service of this certificate, I hereby accept the appointmostly with the provisions of all statutes relations.	FLORIDA 32776 State Zip	capacity. I y duties, ai
Florida street address (P.6 SORRENTO City d as registered agent and to accept service of this certificate, I hereby accept the appointm	FLORIDA 32776 State Zip f process for the above stated limited liability ment as registered agent and agree to act in	this
e de la	SORRENTO City registered agent and to accept service of	City State Zip registered agent and to accept service of process for the above stated limited liability con

(CONTINUED)

Page 1 of 2

litle:	Name and Address:	
AMBR" = Authorized Member		
MGR" = Manager		
MGR	CYNTHIA A. DICKERSON	
	34627 BARRY LANE	Tar.
	SORRENTO, FL 32776	1.30
MGR	MICHAEL DICKERSON	`*.
	34627 BARRY LANE	
	SORRENTO, FL 32776	
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		1.37
		. 5
V: Effective date, if other than the	e date of filing: (OPTIONAL) the specific and cannot be more than five business days prior to	.) o or 90
f filing.)	be specific and cannot be more than five business days prior to not meet the applicable statutory filing requirements, this date v	or 90
E V: Effective date, if other than the ctive date is listed, the date must of filing.) the date inserted in this block does ment's effective date on the Depart E VI: Other provisions, if any. REQUIRED SIGNATURE:	the specific and cannot be more than five business days prior to not meet the applicable statutory filing requirements, this date we ment of State's records.	or 90
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