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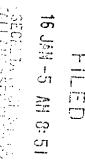
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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January 4, 2016

New Filing Section
Division of Corporations
Clifton Bldg.
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom it May Concern,

Enclosed is our completed application for creating a Florida LLC. We have also enclosed our check in the amount of \$160. which covers our Filing Fee, Certificate of Status & a Certified Copy.

To the best of my knowledge, I have provided everything that you have requested.

Any questions or problems, please feel free to call at the above telephone number.

Thank you very much,

Kind regards,

/Janice Flynn

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CC&P, Creative Services, LLC
SUBJE	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Janice Flynn
	Name of Person
	CC&P, Creative Services. LLC
	Firm/Company
	7600 Alico Rd., #1, 12-24
	Address
	Fort Myers, FL 33912
	City/State and Zip Code
	ccppromos@aol.com
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	Janice Flynn 203 222.8260
	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
] \$125.0	0 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status}\$\ \text{Certified Copy (additional copy is enclosed)}\$\$ \$160.00 Filing Fee, 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:					
The name of the Limited Liability	Company is:				
CC&P, Creative Serv					
(Must end v	vith the words "Limite	d Liability Compa	ny, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	dress of the principal	office of the Limite	ed Liability Company is:		
Principal Office Address:			Mailing Address:		
115 Montrose Dr.		_ 76	7600 Alico Road, Ste #1/12-24		
Fort Myers, FL 3391	9	Fo	rt Myers, Florida 33912		
					
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its ow	n Registered Agent		ndividual or	
The name and the Florida street a	ddress of the registere	d agent are:			
	Janice Flynn _				
		Name			
	115 Montrose Dr.				
	Florida street addre	ss (P.O. Box <u>NOT</u>	acceptable)		
	Fort Myers	FL	33919		
	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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

16 JAN -5 AN 8:52

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
Manager	Janice Flynn	
	7600 Alica Rd., #1/ 1	
	Fort Myers, FL 3391	12
(Use attachment if necessary)		
CLE V: Effective date, if other than the date of	Filing: 1.15.16	(OPTIONAL)
effective date is listed, the date must be speci te of filing.)	fic and cannot be more than	five business days prior to or 90 days
If the date inserted in this block does not med	et the applicable statutory filir	og requirements, this data will not be li
ocument's effective date on the Department of		ig requirements, this date will not be in
CLE VI: Other provisions, if any.		

REOUIRED 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.

JANICE FLYNN

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)

Page 2 of 2

as