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DIVISION OF CORPORATION

JAN 1 4 2016 S. PRATHER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Six-Day Creation, 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:	
Laverne Thornton II Name of Person	
Firm/Company	
135 Sorrel Street	
Address	
Middleburg, Florida 320108 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Laverne Thomton II. 904, 294-4997 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	.ed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
Six-Day Creation, 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:		
136 Sorrel Street 135 Sorrel Street Middleburg, Florida 32068 Middleburg, Florida 32068		
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.)	16 JAN I	SECRI
The name and the Florida street address of the registered agent are:	-گهر اسیم	
Laverne Thornton II	PH	
135 Sovvel Street Florida street address (P.O. Box NOT acceptable)	4: 16	RATIONS
Middleburg Florida 32068		

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager <u>Am BR</u>	Laverne Thornton II 136 Sorre 1 Strect Middleburg, Florida 32068
<u>AMBR</u>	Debra Thornton 135 Sorrel Street Middleburg, Florida 32068
(Use attachment if necessary)	
an effective date is listed, the date must date of filing.)	s not meet the applicable statutory filing requirements, this date will not be listed
an effective date is listed, the date must date of filing.) ote: If the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 days after some more the applicable statutory filing requirements, this date will not be listed
an effective date is listed, the date must e date of filing.) ote: If the date inserted in this block does e document's effective date on the Depart ETICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is e	a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes.
an effective date is listed, the date must e date of filing.) ote: If the date inserted in this block does e document's effective date on the Depart ETICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is e I am aware that any	s not meet the applicable statutory filing requirements, this date will not be listed that the state is records. A member of an authorized representative of a member.

ARTICLE IV-

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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)