## L16000015405

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

A. Per

	COVER LETTER
	egistration Section vision of Corporations
SUBJECT	T.Y. CREATIONS
ocourc i	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	rn all correspondence concerning this matter to the following:
	TERRELL ROSS
	Name of Person
	T.Y. CREATIONS
	Firm/Company
	6574 N STATE ROAD 7 #250
	Address
	COCONUT CREEK, FLORIDA 33073
	City/State and Zip Code
_	TYCREATIONS2@GMAIL.COM  E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	TERRELL ROSS 954 529-3326 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fi	ling Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$\text{\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\text{\$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

16 JAN 19 PM 12: 48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

	S OF ORGANIZATION FOR FL	ORIDA LIMITED LI	ABILITY COMPANY
ARTICLE I - Name: The name of the Limited Lial	bility Company is:		
T.Y. CREATION	S, LLC. and with the words "Limited L	iability Company, "	L.L.C." or "L.L.C.")
ARTICLE II - Address:	et address of the principal offi	• • •	,
<u>Prin</u>	cipal Office Address:		Mailing Address:
6574 N STATE R COCONUT CRE	OAD 7 #250 EK, FLORIDA 33073		STATE ROAD 7 #250 NUT CREEK, FLORIDA 33073
(The Limited Liability Comp another business entity with	Agent, Registered Office, & any cannot serve as its own Roan active Florida registration.)	Registered Agent's	
(The Limited Liability Comp another business entity with	any cannot serve as its own Roan active Florida registration.)	Registered Agent's	s Signature:
(The Limited Liability Comp another business entity with	any cannot serve as its own Re an active Florida registration.) eet address of the registered as TERRELL ROSS	Registered Agent's	s Signature:
(The Limited Liability Comp another business entity with	any cannot serve as its own Re an active Florida registration.) eet address of the registered as TERRELL ROSS	Registered Agent? egistered Agent. Yo gent are:	s Signature:
(The Limited Liability Comp another business entity with	any cannot serve as its own Ro an active Florida registration.) eet address of the registered an TERRELL ROSS	Registered Agent? egistered Agent. Yo gent are: Name	s Signature: u must designate an individual or
(The Limited Liability Comp another business entity with	any cannot serve as its own Ro an active Florida registration.) eet address of the registered an <u>TERRELL ROSS</u> N  6574 N STATE ROAD	Registered Agent? egistered Agent. Yo gent are: Name	s Signature: u 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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	TERRELL ROSS
MOR	6574 N STATE ROAD 7 #250
	COCONUT CREEK, FL 33073
	TAL TAL
	(S) (S)
	SETTO
	<u></u>
	RATE &
(Use attachment if necessary)  LEV: Effective date, if other than the date	e of filing: 1/18/2016 (OPTIONAL)
LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.)	secific and cannot be more than five business days prior to or 90 da meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) If the date inserted in this block does not ament's effective date on the Department LE VI: Other provisions, if any.	secific and cannot be more than five business days prior to or 90 da meet the applicable statutory filing requirements, this date will not be
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LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.)  If the date inserted in this block does not ament's effective date on the Department LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  This document is executed a management of	secific and cannot be more than five business days prior to or 90 da meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.)  If the date inserted in this block does not ament's effective date on the Department LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  This document is executed a management of	meet the applicable statutory filing requirements, this date will not be of State's records.  ember of an authorized representative of a member.  ted in accordance with section 605.0203 (1) (b), Florida Statutes.  e information submitted in a document to the Department of State  te felony as provided for in s.817.155, F.S.

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