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COVER LETTER

TO: **Registration Section Division of Corporations** The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company 1175 Pinellas Point Dr. S., #229
Address etersburg, FL 33705 City/State and Zip Code 15ylvester0301@outlook.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jennifer Sylvester at (407) 947-8658

Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

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

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Creative Island Construction, L.L.C.
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

1 Deer Island Cedar Key, FL 32625	1175 Pinellas Point Dr. S., #229 St. Petersburg, FL 33705
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida regist	own Registered Agent. You must designate an individual or
The name and the Florida street address of the regis	stered agent are:
<u>Jennife</u>	r Sylvester Name
	dellas Point Dr. S., #229 dellas (P.O. Box NOT acceptable)
St. Peter	Sburg, FL 33705 State Zip
Having been named as registered agent and to accept	service of process for the above stated limited liability company at 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

(CONTINUED)

Page 1 of 2

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Mailing Address:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager ↑↑ & À .	Dan A. Smith
	P.O. Box 324 - C Cedar Key, FL 32425
	,
<u>mgr</u>	Jennifer Sylvester 1175 finellas Point Dr.S. #229 5t. Petersburg, FL 33.705
	5+ letersburg, FL 33,705
	
ffective date is listed, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days
CLE V: Effective date, if other than the offective date is listed, the date must be e of filing.)	e specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be lis
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CLE V: Effective date, if other than the offective date is listed, the date must be e of filing.) If the date inserted in this block does not memory and the date on the Department's effective date on the Department's effectiv	e specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be list ent of State's records. Library Member of an authorized representative of a member. Secuted in accordance with section 605.0203 (1) (b), Florida Statutes. The also information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

- CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:
Creative Island Construction, L.L.C.
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
Jennifer Sylvester (Name)
1175 Pinellas Point Dr. S. #229 Florida Street Address (P.O. Box NOT ACCEPTABLE)
St. Petersburg, FL 33705 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, Florida Statutes.

Exnifer Selvester
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)