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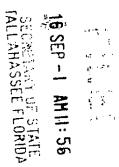
(Requestor's Name)
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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJEC	DJB Creative Solutions LLC
COBBE	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Deborah Bentley
	Name of Person
	DJB Creative Solutions LLC
	Firm/Company
	5012 Claymore Dr. Apt. 304
	Address
	Tampa, FL 33610
	City/State and Zip Code
	deb525bentley@gmail.com
	E-mail address: (to be used for future annual report notification)
For furthe	r information concerning this matter, please call:
	Deborah Bentley 813 598-9149 at (
	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} \tag{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \tag{S160.00 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
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

	ility Company is:			
DJB Creative Solu	tions LLC			
(Must en	d with the words "Limited	Liability Company	v, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal of	fice of the Limited	Liability Company is:	
<u>Princ</u>	ipal Office Address:		Mailing Address:	
5012 Claymore Dr	. Apt. 304	501	2 Claymore Dr. Apt. 304	
T DY 00/10		Tan	pa, FL 33610	
ARTICLE III - Registered A	gent, Registered Office, &	Registered Age	nt's Signature:	
ARTICLE III - Registered A	gent, Registered Office, & ny cannot serve as its own I n active Florida registration	& Registered Age Registered Agent.	nt's Signature: You must designate an individual or	16 SEP
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	gent, Registered Office, & ny cannot serve as its own I n active Florida registration et address of the registered	& Registered Age Registered Agent.	nt's Signature: You must designate an individual or	n 3 ⊘
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	gent, Registered Office, & ny cannot serve as its own I n active Florida registration	& Registered Age Registered Agent.	nt's Signature: You must designate an individual or	SEP-1 A
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	gent, Registered Office, & ny cannot serve as its own I n active Florida registration et address of the registered	Registered Age Registered Agent. 1.) agent are:	nt's Signature: You must designate an individual or	SEP-1 A
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	gent, Registered Office, & ny cannot serve as its own In active Florida registration et address of the registered and Deborah Bentley	Registered Age Registered Agent. agent are: Name pt. 304	nt's Signature: You must designate an individual or	SEP-1 A
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	gent, Registered Office, & ny cannot serve as its own I n active Florida registration et address of the registered a Deborah Bentley 5012 Claymore Dr. A	Registered Age Registered Agent. agent are: Name pt. 304	nt's Signature: You must designate an individual or A SIL AHASSEE	SEP-1 A

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)

stered Agent's Signature (REQUIRED)

Page 1 of 2

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager	Debend Dender		
MGR	Deborah Bentley 5012 Claymore Dr. Apt. 304		
	Tampa, FL 33610		
	Тапіра, 1 С. 33010		
	<u></u>		
	f filing: (OPTIONAL)		
LE V: Effective date, if other than the date of fective date is listed, the date must be speciof filing.)	ific and cannot be more than five business days prior to or 90 et the applicable statutory filing requirements, this date will not		
LE V: Effective date, if other than the date of fective date is listed, the date must be speciof fiting.) f the date inserted in this block does not me	ific and cannot be more than five business days prior to or 90 et the applicable statutory filing requirements, this date will not		
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LE V: Effective date, if other than the date of fective date is listed, the date must be speciof filing.) If the date inserted in this block does not me ament's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed I am aware that any false in	et the applicable statutory filing requirements, this date will not State's records. State's records. State's records.		
LE V: Effective date, if other than the date of fective date is listed, the date must be speciof filing.) If the date inserted in this block does not me ament's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed I am aware that any false in	et the applicable statutory filing requirements, this date will not State's records. State's records. State's records. There or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State Felony as provided for in s.817.155, F.S.		
LE V: Effective date, if other than the date of fective date is listed, the date must be speciof filing.) f the date inserted in this block does not me ament's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed I am aware that any false in	et the applicable statutory filing requirements, this date will not State's records. State's records. State's records.		

ARTICLE IV-

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)