L1700006321

(Re	questor's Name)	
(Ad	dress)	
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(4.1		
(Ad	dress)	
•		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	■ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
	_	
Special Instructions to	Filing Officer:	
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COVER LETTER

то:	Registration Section Division of Corporations		
SUBJE	Hensley Creative		
SOBJE		of Limited Liabili	ty Company
The enc	losed Articles of Organization and fee	(s) are submitted	for filing.
Please re	eturn all correspondence concerning th	is matter to the f	ollowing:
	Mariel Hensley		
		Name of	Person
	u	Firm/Co	mpany
	2615 NW 38th Dr		
		Addro	ess
	Gainesville, FL 32605		
	hensleycreative@gmail.com	City/State and	d Zip Code
		used for future a	nnual report notification)
For furthe	er information concerning this matter, p	please call:	
	Mariel Hensley	321	412-5840
	Name of Person	Area Code	Daytime Telephone Number
Enclose	d is a check for the following amount:		
	Filing Fee \$130.00 Filing Fee Certificate of Statu	ıs L—Certific	10 Filing Fee & S160.00 Filing Fee, ed Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations		Street Address New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limi	: ited Liability Company is:		
	Creative LLC.		
	(Must end with the words "Limited	l Liability Company	y, "L.L.C.," or "LLC.")
ARTICLE II - Addr The mailing address a	ress: and street address of the principal o	office of the Limited	l Liability Company is:
	Principal Office Address:		Mailing Address:
2615 NW		261	5 NW 38th Dr
Gainesvill	le, FL 32605	Gair	nesville, FL 32605
	orida street address of the registered	Name	
		Name	
	2615 NW 38th Dr Florida street addres	s (D A Pov NAT s	
		s (1 .O. DOX <u>ROT</u> 2	icceptable)
	Gainesville	FL .	32605
	City	State	Zip
place designated in this further agree to comply	s certificate, I hereby accept the app with the provisions of all statutes re eccept the obligations of my position	ointment as register elating to the prope as registered agent	e above stated limited liability company at the red agent and agree to act in this capacity. I r and complete performance of my duties, and I as provided for in Chapter 605, F.S
	•	(CONTINUED)	
		Page 1 of 2	F. C

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Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Mariel Hensley
	2615 NW 38th Dr
	Gainesville, FL 32605
AMBR	Michael Hensley
	2615 NW 38th Dr
	Gainesville, FL 32605
	,
EV: Effective date, if other than the certive date is listed, the date must be f filing.)	date of filing: 1/1/2017 (OPTIONAL) e specific and cannot be more than five business days prior to or 9
ective date is listed, the date must be if filing.)	e specific and cannot be more than five business days prior to or 9 ot meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the dective date is listed, the date must be of filing.) the date inserted in this block does not nent's effective date on the Departm	e specific and cannot be more than five business days prior to or 9 ot meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the dective date is listed, the date must be of filing.) the date inserted in this block does not nent's effective date on the Departm EVI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 9 not meet the applicable statutory filing requirements, this date will not ent of State's records.
E V: Effective date, if other than the octive date is listed, the date must be f filing.) the date inserted in this block does nent's effective date on the Departm E VI: Other provisions, if any. REOURED SIGNATURE: Signature of a This document is ex. I am aware that any the	e specific and cannot be more than five business days prior to or 9 ot meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the octive date is listed, the date must be f filing.) the date inserted in this block does nent's effective date on the Departm EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is ex. I am aware that any the	to the more than five business days prior to or 9 to the more than five business days prior to or 9 to the meet the applicable statutory filing requirements, this date will not ent of State's records. In member or an authorized representative of a member, ecuted in accordance with section 605.0203 (1) (b), Florida Statutes false information submitted in a document to the Department of State agree felony as provided for in s.817.155, F.S.
E V: Effective date, if other than the octive date is listed, the date must be filing.) the date inserted in this block does neent's effective date on the Departm E VI: Other provisions, if any. REOURED SIGNATURE: Signature of a This document is ex I am aware that any constitutes a third de	to the more than five business days prior to or 9 to the more than five business days prior to or 9 to the meet the applicable statutory filing requirements, this date will not ent of State's records. In member or an authorized representative of a member, ecuted in accordance with section 605.0203 (1) (b), Florida Statutes false information submitted in a document to the Department of State agree felony as provided for in s.817.155, F.S.