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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

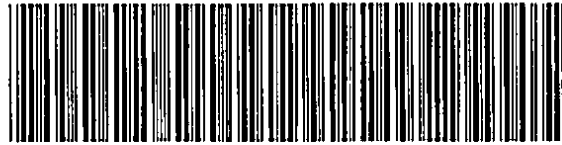
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**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Creative Modular Consulting, 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:

Christian Robin, Esq.

\_\_\_\_\_  
Name of Person

Law Firm of Christian Robin

\_\_\_\_\_  
Firm/Company

37512 Skyridge Circle

\_\_\_\_\_  
Address

Dade City, FL 33525

\_\_\_\_\_  
City/State and Zip Code

jim.rice9222@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christian Robin

813

715 - 0565

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$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  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION  
OF  
CREATIVE MODULAR CONSULTING, LLC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I – NAME

The name of the limited liability company is Creative Modular Consulting, LLC.  
("company").

ARTICLE II – ADDRESS

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

Principal Office Address:  
9222 Brindlewood Drive  
Odessa, Florida 33556

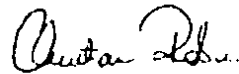
Mailing Address:  
9222 Brindlewood Drive  
Odessa, Florida 33556

ARTICLE III - REGISTERED AGENT.  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Christian Robin, Esq.  
37512 Skyridge Circle  
Dade City, Florida 33525

*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.*



Christian Robin, Esq.

ARTICLE IV - MANAGERS OR MEMBERS

The name and address of each person authorized to manage and control the Limited Liability Company:

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ALLIANCE FLORIDA

Title:

"MGR" = Manager

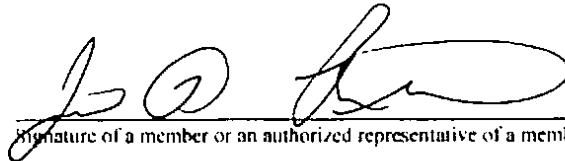
"AMBR" = Authorized Member

AMBR

Name and Address:

Jimmie D. Rice  
9222 Brindlewood Drive  
Odessa, Florida 33556

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jimmie D. Rice

Typed or printed name of signee