# L20000331652

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<del>-</del>

Office Use Only



400353399244

10/14/20--01009--017 \*\*130.66

Darrick Thompson

## **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Global Creative Industries. 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:
Dorsey B Thomas III
Name of Person
Global Creative Industries L
Firm/Company
1317 Edgewater Dr. #2092
Address
Orlando. FL 32804
City/State and Zip Code
dorsey333@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dorsey Thomas III at ( 407 ) 536-8306
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee X Certificate of Status  Status  Status  Status  Status  Status  Status  Status  Status  Certified Copy (additional copy is enclosed)  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:

			Industries, l	
(Must conta	in the words "Limited Li	iability Compa	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ldress of the principal off	ice of the Limi	ted Liability Company is:	
<u>Principa</u>	ıl Office Address:		Mailing Address	<u>ş</u> :
1317 Edgewater I	Or, #2092		1317 Edgewater Dr. #2092	!
			O L L EL 22001	
The Limited Liability Company	nt, Registered Office, & cannot serve as its own F	Registered Ager	C	idual or
ARTICLE III - Registered Age The Limited Liability Company another business entity with an ac	nt, Registered Office, & cannot serve as its own Fective Florida registration	Registered Ager	gent's Signature:	idual or
Orlando, FL 3280  ARTICLE III - Registered Age The Limited Liability Company mother business entity with an ac	nt, Registered Office, & cannot serve as its own Fective Florida registration	Registered Ager	gent's Signature:	idual or
ARTICLE III - Registered Age The Limited Liability Company another business entity with an ac	nt, Registered Office, & cannot serve as its own R ctive Florida registration ddress of the registered a Kelly Miller	Registered Ager	gent's Signature:	idual or
ARTICLE III - Registered Age The Limited Liability Company another business entity with an ac	nt, Registered Office, & cannot serve as its own R ctive Florida registration ddress of the registered a Kelly Miller	Registered Ager  agent are:  Name	gent's Signature:	idual or
ARTICLE III - Registered Age The Limited Liability Company another business entity with an ac	nt, Registered Office, & cannot serve as its own Retive Florida registration address of the registered a	Registered Ager  agent are:  Name	gent's Signature: nt. You must designate an indiv	idual or
ARTICLE III - Registered Age The Limited Liability Company another business entity with an ac	nt, Registered Office, & cannot serve as its own Retive Florida registration ddress of the registered a Kelly Miller	Registered Ager  agent are:  Name	gent's Signature: nt. You must designate an indiv	idual 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Dorsey B Thomas III  1317 Edgewater Dr. #2092  Orlando, FL 32804
(Use attachment if necessary)	
	the date of filing: (OPTIONAL) ist be specific and cannot be more than five business days prior to or 90 days.
ective date is listed, the date mu of filing.) the date inserted in this block de ment's effective date on the Dep	ist be specific and cannot be more than five business days prior to or 90 dates not meet the applicable statutory filing requirements, this date will not be
ective date is listed, the date mu of filing.) The date inserted in this block d	ist be specific and cannot be more than five business days prior to or 90 dates not meet the applicable statutory filing requirements, this date will not be
ective date is listed, the date must of filing.) The date inserted in this block doment's effective date on the Depose.  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature This document	pes not meet the applicable statutory filing requirements, this date will not be artment of State's records.  For a member or an authorized representative of a member, is executed in accordance with section 605.0203 (1) (b). Florida Statutes.
ective date is listed, the date must of filing.) The date inserted in this block doment's effective date on the Depose.  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature This document I am aware that	e of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b). Florida Statutes, any false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.  Dorsey B Thomas III
rective date is listed, the date must of filing.) The date inserted in this block doment's effective date on the Deposite VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature This document I am aware that constitutes a thi	e of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b). Florida Statutes any false information submitted in a document to the Department of State rd degree felony as provided for in s.817.155. F.S.