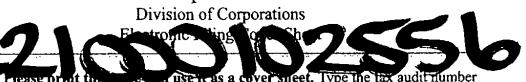
Florida Department of State



(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TAX CARE CELEBRATION

Account Number : I20190000007

Phone : (786)845~8854

Fax Number : (321)473-3052

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA LIMITED LIABILITY CO. CREATIVE INVESTMENTS GOLDENRULE LLC

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Estimated Charge	\$125.00

COVER LETTER

	New Filing Section Division of Corporations				
SUBJEC	CREATIVE INVESTMENTS GOLDE	NRULE LI	LC		
	Name of Limit	ted Liabilit	y Company		
The enclo	osed Articles of Organization and fee(s) are s	submitted f	or filing.		
Please ret	turn all correspondence concerning this matter	er to the fo	llowing:		
	JESSICA TORRES				
		Name of P	erson		
	TAX CARE CELEBRATION				
	, , , , , , , , , , , , , , , , , , ,	Firm/Con	ipany		
	1400 NW 107TH AVE STE 203				
		Addres	is		
	SWEETWATER FL 33172				
	City JESSICA.TORRES@TAXCAREINC.CO	y/State and M	Zip Code		
	E-mail address: (to be used for		nual report notification	on)	
For further	information concerning this matter, please of	call:			
	JESSICA TORRES 786		8458854		
	· · · · · · · · · · · · · · · · · · ·		Daytime Telephone		
Enclosed	is a check for the following amount:				
當\$125.0	00 Filing Fee	Certifie		□\$160.00 I Certificate of Certified Co (additional co	of Status & 👸
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	N T 2	treet Address lew Filing Section Di The Centre of Tallaha 415 N. Monroe Street Tallahassee, FL 3230	ssee et, Suite 810	ILED II PM 2: 30 STATE STATE STATE STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	IVESTMENTS GOLDENRULE st contain the words "Limited Lia		"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and s	treet address of the principal offic	ce of the Limited	Liability Company is:	
<u>P</u>	rincipal Office Address:		Mailing Address:	
12973 SW 112	TH ST UNIT 128		73 SW 112TH ST UNIT 128	
	107		MIAMI FL 33186	
MIAMI FL 33 ARTICLE III - Register (The Limited Liability Coanother business entity w	ed Agent, Registered Office, & mpany cannot serve as its own Re (th an active Florida registration.)	Registered Ager gistered Agent.		
MIAMI FL 33 ARTICLE III - Register (The Limited Liability Coanother business entity w	ed Agent, Registered Office, & mpany cannot serve as its own Re	Registered Ager gistered Agent.	nt's Signature:	
ARTICLE III - Register (The Limited Liability Coanother business entity w	ed Agent, Registered Office, & impany cannot serve as its own Re (ith an active Florida registration.) street address of the registered as MARY LAZCANO	Registered Ager gistered Agent.	nt's Signature:	
MIAMI FL 33 ARTICLE III - Register (The Limited Liability Coanother business entity w	ed Agent, Registered Office, & impany cannot serve as its own Re (ith an active Florida registration.) street address of the registered as MARY LAZCANO	Registered Agent. ' gent are:	nt's Signature:	
ARTICLE III - Register (The Limited Liability Co another business entity w	ed Agent, Registered Office, & impany cannot serve as its own Registration.) street address of the registered as MARY LAZCANO	Registered Agent. Sent are:	nt's Signature: You must designate an individual or	
ARTICLE III - Register (The Limited Liability Co another business entity w	ed Agent, Registered Office, & ampany cannot serve as its own Registration.) street address of the registered as MARY LAZCANO 12973 SW 112TH ST L	Registered Agent. Sent are:	nt's Signature: You must designate an individual or	

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FILED

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STATE

STATE

A	RTICI	r	EV
4	K 1 II P		1 V -

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

Title:	Name and Address:	
	horized Member	
"MGR" = Mana	iger	
MGRM	MARY LAZCANO	
	12973 SW 112TH ST UNIT	128
	MIAMI FL 33186	

		· · · · · · · · · · · · · · · · · · ·
	d in this block does not meet the applicable statutory filing date on the Department of State's records.	requirements, this date will not be list
CLE VI: Other pro	visions, if any.	
REQUIRED S	ignature:	
REQUIRED SI	IGNATURE: Hary Lazearo	
_	Signature of a member or an authorized represen	tative of a member.
_	Signature of a member or an authorized representation document is executed in accordance with section 605	.0203 (1) (b), Florida Statutes.
-	Signature of a member or an authorized representation document is executed in accordance with section 605 I am aware that any false information submitted in a document in	.0203 (1) (b), Florida Statutes.
-	Signature of a member or an authorized represen	.0203 (1) (b), Florida Statutes.
-	Signature of a member or an authorized represent This document is executed in accordance with section 605 I am aware that any false information submitted in a document constitutes a third degree felony as provided for in s.817.11	1.0203 (1) (b), Florida Statutes. ment to the Department of State 55, F.S.
-	Signature of a member or an authorized represent This document is executed in accordance with section 605 I am aware that any false information submitted in a document constitutes a third degree felony as provided for in s.817.11	1.0203 (1) (b), Florida Statutes. ment to the Department of State 55, F.S.
-	Signature of a member or an authorized represent This document is executed in accordance with section 605 I am aware that any false information submitted in a document constitutes a third degree felony as provided for in s.817.11	1.0203 (1) (b), Florida Statutes. ment to the Department of State 55, F.S.
-	Signature of a member or an authorized represent This document is executed in accordance with section 605. I am aware that any false information submitted in a document constitutes a third degree felony as provided for in s.817.11. MARY LAZCANO Typed or printed name of signer	1.0203 (1) (b), Florida Statutes. ment to the Department of State 55, F.S.
_	Signature of a member or an authorized represent This document is executed in accordance with section 605 I am aware that any false information submitted in a document constitutes a third degree felony as provided for in s.817.11	.0203 (1) (b), Florida Statutes. ment to the Department of State 55, F.S.

\$ 30.00 Certified Copy (Optional)

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