L21000102760

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

Office Use Only



400359786974

08/12/21--01000--029 **180.00

IMI SHAN AS ST

2021 FEB 12 PM 2: 3

. COVER LETTER

Hall Creat	ve Group. LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this ma	ter to the following:	
Ian Hall			
		Name of Person	· · · · · · · · · · · · · · · · · · ·
Hall	Creative Grou	P, LLC	
		Firm/Company	
13308 Mora	n Drive		
	-	Address	· · · · · · · · · · · · · · · · · · ·
Tampa, FL	33618		
ianmatthewh	Ci ill@gmail.com	ty/State and Zip Code	
		or future annual report notification	tion)
For further information co	ncerning this matter, please	call:	
Ian Hall	81; at (525-0858	
Nam		ea Code Daytime Telephor	
Enclosed is a check for t	he 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)
New F Divisi P.O. F	ng Address Tling Section on of Corporations Sox 6327 assee FL 32314	Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassec, FL 3230	Division Fig. 2 (1) cassec Property Suite 810 F 2 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ll Creative Group, LLC	
(Must contain the w	ords "Limited Liability Company, "L.L.C.," or "LLC.")

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

The name of the Limited Liability Company is:

ARTICLE 1 - Name:

- A I	ail	ina	Ade	lress:

13308 Moran Drive	13308 Moran Oc
Tampa, FL 33618	Tampa FL 33618

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Principal Office Address:

lan Hall		
	Name	
13308 Moran Drive		
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Tampa	FL	33618
City	State	Zip

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 (REOURED)

(CONTINUED)

2021 FEB 12 PH 2: 35

٨	RT	Ι.Ι	CI	IV-

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

"MCD" - Manager	
"MGR" = Manager	
AMBR	Ian Hall 13308 Moran Dr Tampa FL 33618
	13308 Moran Dr
	TAM PR PL 33010
(Use attachment if necessary)	
(4.5.5	
	ot meet the applicable statutory filing requirements, this date will not be l
If the date inserted in this block does no cument's effective date on the Departme	
If the date inserted in this block does no nument's effective date on the Departme	
If the date inserted in this block does no nument's effective date on the Departme	
If the date inserted in this block does no cument's effective date on the Department. TLE VI: Other provisions, if any.	
If the date inserted in this block does no rument's effective date on the Department. The VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a	member or an authorized representative of a member.
If the date inserted in this block does no cument's effective date on the Department. The VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exception.	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.
If the date inserted in this block does no cument's effective date on the Department. The VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exert am aware that any factors.	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b). Florida Statutes, alse information submitted in a document to the Department of State
If the date inserted in this block does no cument's effective date on the Department. The VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exert am aware that any factors.	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
If the date inserted in this block does no cument's effective date on the Department. The VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exert am aware that any factors.	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b). Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
If the date inserted in this block does not ument's effective date on the Department. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exert am aware that any factors.	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. [Dry i- DLL Typed or printed name of signee
If the date inserted in this block does not cument's effective date on the Department. ILE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is exect am aware that any factoristitutes a third degree of the constitutes at third degree of the constitutes at the consti	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b). Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
If the date inserted in this block does no cument's effective date on the Department. ILE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is exect a may aware that any factoristitutes a third degree of the state of the	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b). Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
If the date inserted in this block does no cument's effective date on the Department. ILE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is exect a may aware that any factoristitutes a third degree of the state of the	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b). Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
If the date inserted in this block does not cument's effective date on the Department. ILE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a This document is exect a may aware that any factoristitutes a third degree of the state of the	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b). Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.