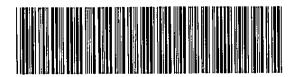
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COVER LETTER

Distribution of Confessions
SUBJECT: MZ. Aris Creationz
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:
Ariel Swatts
Name of Person
Mz. Aris Creationz
Firm/Company
14957 Fairbanks Ferry Ct
Address
Jallahassee, +1 32312
City/State and Zip Code
WI COUNTS & WILL COLL
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
010 11- 0-> 00010
Hie Suato a (850) 2/13-2548
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & ☑\$160.00 Filing Fee.
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address

TO:

New Filing Section

Division of Corporations

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mz Aris Creation2 LLC."

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
14957 Fairbrooks Femile	14957 Faubacks Fexil Ct
Tallahasse, FL	Tallahassee, Flansia
	

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:

Events And More By Faith, LLC

Florida street address (P.O. Box NOT acceptable)

Tallahussee PC 32317
City State Zin

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') Signature (REQUIRED)

(CONTINUED)

Wheles of the St

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Ariel Swatts 1495 I tambana terry Ct Jananasse, FL 32312
(Use attachment if necessary) ICLE V: Effective date, if other than the	date of filing: (OPTIONAL)
ICLE V: Effective date, if other than the effective date is listed, the date must bate of filing.) : If the date inserted in this block does	date of filing:
ICLE V: Effective date, if other than the effective date is listed, the date must bate of filing.) : If the date inserted in this block does ocument's effective date on the Departr	not meet the applicable statutory filing requirements, this date will not be
ICLE V: Effective date, if other than the a effective date is listed, the date must bate of filing.) If the date inserted in this block does document's effective date on the Departr	not meet the applicable statutory filing requirements, this date will not be
ICLE V: Effective date, if other than the reffective date is listed, the date must be ate of filing.) If the date inscrited in this block does document's effective date on the Departrick ICLE VI: Other provisions, if any. REOUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will not be ment of State's records.
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ICLE V: Effective date, if other than the n effective date is listed, the date must be ate of filing.) E: If the date inserted in this block does document's effective date on the Departrace of This document is effective date on the Departrace of This document is effective date.	not meet the applicable statutory filing requirements, this date will not be ment of State's records. Ta member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes. Talse information submitted in a document to the Department of State

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ARTICLE IV-