

L21000298575

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : JULIO MORAN MULTI-SERVICES, CORP.
Account Number : I20190000059
Phone : (305)643-3922
Fax Number : (305)643-3211

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

Email Address: INFO@KreativAndPartners.com

**FLORIDA LIMITED LIABILITY CO.
KREATIV & PARTNERS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Corporate Filing Menu

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TALLAHASSEE, FLORIDA

21 JUN 28 PM 3:21

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2021 JUN 28 AM 8:58

53 6/21/21



June 23, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

JULI MORAN MULTI-SERVICES

SUBJECT: KREATIV & PARTNERS, LLC
REF: W21000091176

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

If you have any further questions concerning your document, please call (850) 245-6052.

Alannah M Carranza
Regulatory Specialist II
New Filings

FAX Aud. #: H21000243291
Letter Number: 321A00014270

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P.O. BOX 6327 - Tallahassee, Florida 32314

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: KREATIV & PARTNERS, 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:

FELIX A. PELAEZ VELEZ

Name of Person

KREATIV & PARTNERS, LLC

Firm/Company

1400 SW 27th AVENUE #306

Address

MIAMI, FL 33145

City/State and Zip Code

info@kreativandpartners.com

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

For further information concerning this matter, please call:

FELIX A. PELAEZ VELEZ

786

473-2360

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL 32303

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TALLAHASSEE, FLORIDA

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(CONTINUED)

Registered Agent's Signature (REQUIRED)

Felix A. Priolez Velaz

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

City MIAMI
State FL
Zip 33145
Florida street address (P.O. Box NOT acceptable)
1400 SW 27th AVENUE, #306
Name
FELIX A. PRIOLEZ VELAZ

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

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.)

1400 SW 27th AVENUE, #306
MIAMI, FL 33145
SAME

Mailing Address:

Principal Office Address:

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

ARTICLE II - Address:

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

KREATIV & PARTNERS, LLC

The name of the Limited Liability Company is:

ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE IV.

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

FELIX A. PELAEZ VELEZ
1400 SW 27th AVENUE, #306
MIAMI, FL 33145

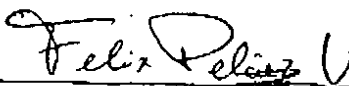
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JUNE 15, 2021 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

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.

AMBR FELIX A. PELAEZ VELEZ

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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