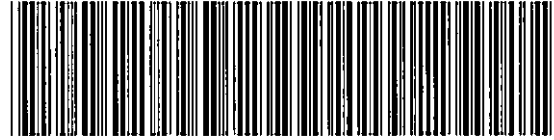


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

MAIL

(Business Entry Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

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DIVISION OF CORPORATION  
2022 JAN 31 AM 8:21

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** CREATIVE CAPITAL INVESTMENTS 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:

Dileep Kalijavadu  
Name of Person  
CREATIVE CAPITAL INVESTMENTS LLC  
Firm/Company  
6105 Observation Cir  
Address  
Tallahassee, FL, 32317  
City/State and Zip Code  
HR.CREATIVECI@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dileep Kalijavadu                      407                      766 0743  
Name of Person                      at (                      )                      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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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DIVISION OF CORPORATIONS

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ARTICLE I - Name:

The name of the Limited Liability Company is:

CREATIVE CAPITAL INVESTMENTS 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:

6105 Observation Cir  
Tallahassee, FL 32317

6105 Observation Cir  
Tallahassee, FL 32317

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:

Dileep Kalijavadu

Name

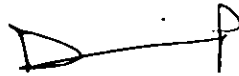
6105 Observation Cir

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

Tallahassee                      FL                      32317

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 (REQUIRED)

(CONTINUED)

**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:**

<u>MGR</u>	<u>MANCHIKANTI, MALLIKARJUN</u> <u>2513 LANTANA LN</u> <u>TALLAHASSEE, FL , 32311</u>
<u>MGR</u>	<u>ANDE NARASIMHA, RAHUL</u> <u>3255 APPLETON DR</u> <u>TALLAHASSEE, FL 32311</u>
<u>MGR</u>	<u>NALLA, SHANKAR</u> <u>2459 ORANGE AVE E</u> <u>TALLAHASSEE, FL 32311</u>
<u>MGR</u>	<u>KALIJAVADU, DILEEP</u> <u>6105 OBSERVATION CIR</u> <u>TALLAHASSEE, FL , 32317</u>

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

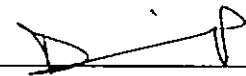
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

KALIJAVADU, DILEEP  
\_\_\_\_\_

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)