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(F	Requestor's Name)
(A	Address)
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(0	City/State/Zip/Phone #)
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<u>(E</u>	Business Entity Name)
(Ċ	Document Number)
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ALLAHASSEE, FI OF



COVER LETTER

TO: New Filing Sec Division of Cor			
SUBJECT: CREEKSII			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ndence concerning this ma	tter to the following:	
GREGGORY	Y A. FOX, ESQ.		
		Name of Person	
FOX & FOX	, P.A.		
		Firm/Company	
2515 Countr	yside Blvd., Suite G		
	, some of	Address	
Clearwater, I	Florida 33763	ty/State and Zip Code	 ,
bryan77778@		ty/outic and sup code	
		for future annual report notificati	ion)
For further information cor		·	•
TO TABLET INTOTTIBATION COL	icerning and matter, prease	caji.	
Paula Fakiola	s at (72	7) 796-4556	
Name	e of Person Ar	ea Code Daytime Telephon	a Number
Enclosed is a check for th	e 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)
<u>Mailin</u>	z Address	Street Address	
	ling Section	New Filing Section Di	
	n of Corporations	The Centre of Tallaha	
	ox 6327 ussee, FL 32314	2415 N. Monroe Stree Tallahassee, FL 3230	•

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Lial	bility Company is:			
CREEKSIDE CO	MMONS LLC			
	contain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	.
ARTICLE II - Address:			,	
The mailing address and street	et address of the principal of	office of the Limited	Liability Company is:	
	cipal Office Address:		Mailing Address:	
9607 16th Circle			7 16th Circle NW	
Bradenton, FL 34	209	Bra Bra	denton, FL 34209	
The name and the Florida stre	Gregory A. Fox 2515 Countryside Bl	Name		
	Florida street addres	s (P.O. Box <u>NOT</u> a	cceptable)	
	Clearwater	FL	33763	
	City	State	Zip	
place designated in this certifice further agree to comply with the	ate, I hereby accept the app e provisions of all statutes re obligations of my position	ointment as register elating to the prope	e above stated limited liability co ed agent and agree to act in this and complete performance of m as provided for in Chapter 605,	capacity. I vy duties, and I

(CONTINUED)



ARTICLE IV-

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	BRYAN BREZIC
	9607 16th Circle NW
	Bradenton, FL 34209
MGR	CHERYL PIPPIN
MOR	308 Medord Heights Lane
	Medord, Florida 97504
EV: Effective date, if other than the ctive date is listed, the date must he filling.)	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 90 d
EV: Effective date, if other than the ective date is listed, the date must he filling.) the date inserted in this block does	not meet the applicable statutory filing requirements, this date will not be
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