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Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO. CREATIVE MINDS
— L&A DESIGNS LLC — BY L AND A LLC

Certificate of Status	1
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March 7, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUBCO

SUBJECT: L&A DESIGNS LLC
REF: W22000029548

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.

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CREATIVE MINDS BY L AND A LLC

(Must end with 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:**18641 DRAYTON ST
SPRING HILL, FL 3461018641 DRAYTON ST
SPRING HILL, FL 34610**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:

ARIEL SMITH

Name

18641 DRAYTON STFlorida street address (P.O. Box **NOT** acceptable)SPRING HILLFL 34610

City

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..

Ariel Smith

Registered Agent's Signature (REQUIRED)

ARIEL SMITH

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBRAMBR**Name and Address:**ARIEL SMITH18641 DRAYTON STSPRING HILL, FL 34610LISA BRUDNICKI18641 DRAYTON STSPRING HILL, FL 34610

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:Ariel Smith**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

ARIEL SMITH

Typed or printed name of signee

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