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To:

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From:

Account Name : FL PATEL LAW PLLC  
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Phone : (727)279-5037  
Fax Number : (727)888-1294

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

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**FLORIDA LIMITED LIABILITY CO.**

**KatieCreative, LLC**

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DIVISION OF  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

Wednesday, July 6, 2022

To: New Filing Section  
Division of Corporation

Subject:  
**KATIECREATIVE, 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:

**FL Patel Law PLLC**  
360 Central Avenue  
8<sup>th</sup> Floor  
St. Petersburg, Florida 33701  
Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:  
Jamie Primeau 727-279-5037 or e-mail at Support@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

**FL Patel Law PLLC**

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TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION

FOR

**KATIECREATIVE, LLC**

**A FLORIDA LIMITED LIABILITY COMPANY**

## ARTICLE I.

**Name**

The name of the Limited Liability Company is: KatieCreative, LLC (the “Company”).

## ARTICLE II.

**Address**

The principal office and mailing address of the Company is:

8056 Lemon Serpentine Lane  
Delray Beach, FL 33446

## ARTICLE III.

**Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida Street Address of the Registered Agent are:

Katie Hollenbeck  
8056 Lemon Serpentine Lane  
Delray Beach, FL 33446

*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 in Chapter 605, F.S.*

*Katie Hollenbeck*

(sign)

Katie Hollenbeck

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**ARTICLE IV.**  
**Authorized Members and Managers**

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	Katie Hollenbeck 8056 Lemon Serpentine Lane Delray Beach, FL 33446

**ARTICLE V.**

The Effective date shall be the date of filing.

*Katie Hollenbeck*

(sign)

**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.

Katie Hollenbeck

Authorized Representative/Member

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