9/9/22, 10:32 AM

To:

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 : (305)444-4994 Phone Fax Number : (305)328-4774

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

Em - + 1	Address:			
Eluati	AUULESS:			

FLORIDA LIMITED LIABILITY CO. JOY IN CREATING LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

To:

ARIICLES	OF ORGANIZATION FOR FLORI	DALIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liabi	lity Company is:	•
JOY IN CREA	TING LLC	
(Must con	ntain the words "Limited Liabili	ty Company, "L.JC.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal office o	f the Limited Liability Company is:
Princi	pal Office Address:	Muiling Address:
1250 E HALLAND	ALE BEACH BLVD	
STE 1002		SAME
HALLANDALE B	EACH, FL 33009	
(The Limited Liability Compan another business entity with an		ered Agent. You must designate an individual or
		 -
	ALEXANDRA FASHAW	
•	Name	•
	1250 HALLANDALE BEA	CH BLVD STE 1002
	Florida street address (P.O.	Box NOT acceptable)

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.,

State

HALLANDALE BEACH FL

City

Alexandra Fashaw Registered Agent's Signature (REQUIRED)

33009

Zip

(CONTINUED)

To:

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	ALEXANDRA FASHAW
	1250 E HALLANDALE BEACH BLVD STE 1002
	HALANDALE BEACH, FL 33009
	
(Use attachment if necessary) E V: Effective date, if other than the datective date is listed, the date must be s	ato of filing:
LE V: Effective date, if other than the date fective date is listed, the date must be so of filing.) If the date inserted in this block does not ment's effective date on the Department.	specific and cannot be more than five business days prior to or 90 of t meet the applicable stanutory filing requirements, this date will not
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