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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302)575-0875
Fax Number : (302)575-1642

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Cre8ive Spark LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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8/17/2023 2:45:08 PM PAGE 1/001 Fax Server



August 17, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AGENTS AND CORPORATIONS, INC

SUBJECT: CRE8IVE SPARK LLC
REF: W23000112754

We have received your document for CRE8IVE SPARK LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Monique K Anderson
Regulatory Specialist II

FAX Aud. #: H23000284677
Letter Number: 823A00019009

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name.

The name of the Limited Liability Company is:

CRE8IVE SPARK 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

1800 Collins Ave
Miami Beach, FL 33139
Apartment 16E

Mailing Address

1800 Collins Ave
Miami Beach, FL 33139
Apartment 16E

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:

AGENTS AND CORPORATIONS, INC.

Name

539 FIFTH AVENUE SOUTH SUITE 330

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

NAPLES

City

FL

Zip

34102

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.,

Agents and Corporations, Inc.

By: 

Registered Agent's Signature (Required)

John L. Williams, President

(CONTINUED)

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37

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:

Toby Torres - OWNER -
MGR

1800 Collins Ave
Miami Beach, FL 33139
Apartment 16E

(Use attachment if necessary)

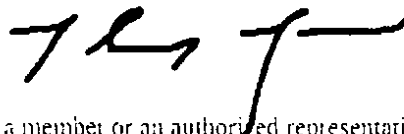
ARTICLE V: Effective date, if other than the date of filing.

(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:



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.)

Toby Torres

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)

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