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د. منذ	3	From:	Accepted Name of CARTON SERVICES TAKE	2023 NOV	
••	-		Account Name : CAPITOL SERVICES, INC. Account Number : I20160000017		-
	X		Phone : (855)498-5500	2	
	YOY EZOS		Fax Number : (800)432-3622	-	1
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		**Enter th	e email address for this business entity to be used for future	-8-	
		annua	l report mailings. Enter only one email address please.**		·
		Email	Address:	20	

FLORIDA LIMITED LIABILITY CO. GLOBAL CREATIVE ARTISTS LLC

**CORRECTED; please honor original submission date of 11/01/23

Certificate of Status	0
Certified Copy	1
Page Count	03
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850-817-8381 11/2/2023 3:58:20 PM PAGE 1/001 Fax Server



November 2, 2023

FLORIDA DEPARTMENT OF STATE Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: GLOBAL CREATIVE ARTISTS LLC

REF: W23000149690

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.

The document is illegible and not acceptable for imaging.

Please return the corrected original and one copy of 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.

Tekayla T Matthews Regulatory Specialist II New Filings Section

FAX Aud. #: H23000380621 Letter Number: 423A00025519

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H23000380621

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The name of the Limited Liability Company is:

(Must contain the words "Limited Limbility 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:
16301 NW 15th Ave	16301 NW 15th Ave
Miami FL 33169	MIAMI FL 33169

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:

Jeffrey Davimos
Name

1 6301 NW 15th Ave
Florida street address (P.O. Box NOT acceptable)

Miami FL 33169

City State 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.

Registered Agent's Signetane (REQUIRED

(CONTINUED)

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"AMBR" - Authorized Member	Name and Address:
"MGR" = Manager	T-00 D
MOR	Jeffrey Davimos
	Miami El 33 69
	
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