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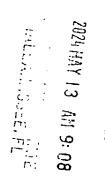
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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05/13/24--01017--020 **130.00



COVER LETTER

TO:	New Filing Sec Division of Co						
SUBJE	Cт.						
SUBJE	cı	Name of	Limited Liabil	ity Company			
The enc	losed Articles of	Organization and fee(s) are submitted	for filing.			
Please re	eturn all corresp	ondence concerning this	s matter to the f	following:			
			Stewart Way	ne Mason			
			Name of	Person			
CreoMás, LLC							
	Firm/Company						
			2507 NE 33rd	d. Ave., #2			
			Addr	ess			
		F	ort Lauderdale	, FL 33305			
City/State and Zip Code stewartmasontx@gmail.com							
		E-mail address: (to be u			ion)		
For furthe	er information co	oncerning this matter, pl	ease call:				
	Stewa	rt Wayne Mason	865	418-9445			
	Nan	ne of Person	Area Code	Daytime Telephor	ne Number		
Enclose	d is a check for t	he following amount:					
□\$125.	.00 Filing Fee	≡\$130.00 Filing Fee Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is enclosed)		
		Mailing Address		Street Address			
		New Filing Section Division of Corporations		New Filing Section Division The Centre of Tallahassee			
		P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Tallah						

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must c			<u> </u>
`	ontain the words "Limited Liabil	lity Company,	"L.L.C.," or "LLC.")
RTICLE II - Address:			
ne mailing address and stree	t address of the principal office	of the Limited	Liability Company is:
<u>Prin</u>	cipal Office Address:		Mailing Address:
2507 1	NE 33rd Ave., #2		2507 NE 33rd Ave., #2
	Fort Lauderdale, FL Fort Lauderdale, F 33305 33305		
Fort L	auderdale, FL		Fort Lauderdale, FL
33305 RTICLE III - Registered A he Limited Liability Components other business entity with a	Agent, Registered Office, & Re	istered Agent. \	33305
RTICLE III - Registered A The Limited Liability Componether business entity with a	Agent, Registered Office, & Reany cannot serve as its own Region active Florida registration.) set address of the registered agen	istered Agent. Y	33305 nt's Signature:
RTICLE III - Registered A The Limited Liability Componether business entity with a	Agent, Registered Office, & Reany cannot serve as its own Region active Florida registration.) set address of the registered agen	istered Agent. \ nt are: Wayne Mason	33305 nt's Signature:
RTICLE III - Registered A The Limited Liability Componether business entity with a	Agent, Registered Office, & Reany cannot serve as its own Region active Florida registration.) set address of the registered agents	istered Agent. \ nt are: Wayne Mason	33305 nt's Signature:
RTICLE III - Registered A The Limited Liability Componether business entity with a	Agent, Registered Office, & Reany cannot serve as its own Region active Florida registration.) set address of the registered agents	istered Agent. Your are: Wayne Mason me 3rd Ave., #2	33305 nt's Signature: You must designate an individual o
RTICLE III - Registered A The Limited Liability Componether business entity with a	Agent, Registered Office, & Reany cannot serve as its own Region active Florida registration.) tet address of the registered agent Stewart V Nar 2507 NE 3	istered Agent. Your are: Wayne Mason me 3rd Ave., #2	33305 nt's Signature: You must designate an individual o

(CONTINUED)

Registered Agent's Signature (REQUIRED)

2024 HAY 13 AM 9: 08

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	Leslye Karela Rivera Casanoba	
	2507 NE 33rd Ave., #2 Fort Lauderdale, FL 33305	
	ron Lauderdaie, FL 33305	
AMDD	Connect Warra Marra	
AMBR	Stewart Wayne Mason 2507 NE 33rd Ave., #2	
	Fort Lauderdale, FL 33305	
		
		
(If an effective date is listed, the date mu the date of filing.) Note: If the date inserted in this block do the document's effective date on the Department.	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 days a best not meet the applicable statutory filing requirements, this date will not be list artment of State's records.	
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	ful.	
	of a member or an authorized representative of a member.	
I am aware that a	is executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State of degree felony as provided for in s.817.155, F.S.	
	Stewart Wavne Mason	
	Typed or printed name of signee	
	77.	

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)