

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : PROFITAX
Account Number : I20220000143
Phone : (786)675-5870
Fax Number : (786)675-5871

S. CHATHAM
DEC -5 2024

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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SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA LIMITED LIABILITY CO.
CREALUX LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

SECRETARY OF STATE
TALLAHASSEE, FL
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CREALUX LLC

(Must contain 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:

3675 N COUNTRY CLUB DR 2208
AVENTURA, FL 33180

Mailing Address:

3675 N COUNTRY CLUB DR 2208
AVENTURA, FL 33180

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:

DREW M DE GRADO
Name

3675 COUNTRY CLUB DR 2208
Florida street address (P.O. Box **NOT** acceptable)

AVENTURA FL 33180
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..

Drew De Grado

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

DREW M DE GRADO
3675 N COUNTRY CLUB DR 2208
AVENTURA, FL 33180

AMBR

CARLOS E PEREZ FERNANDEZ
3675 N COUNTRY CLUB DR 2208
AVENTURA, FL 33180

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/22/2024 (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

DIGITAL MARKETING SERVICES. MAINLY FOCUSING ON SOCIAL MEDIA PLATFORMS

REQUIRED SIGNATURE:

Drew De Grado

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.

DREW M DE GRADO

Typed or printed name of signee

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