

L06000 106906

(Requestor's Name)

(Address)

(Address)

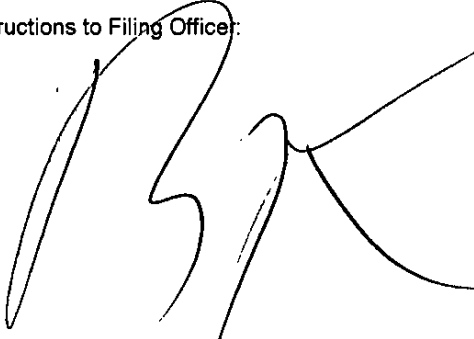
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/ST/Zip

850-222-2785

Phone #

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FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- MAGELLAN'S LAW, LLC

2- _____

3- _____

4- _____

Walk-in

Pick-up time ASAP

Certified

Mail-out

Will wait

Photocopy

Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION
FOR
MAGELLAN'S LAW, LLC,
A Florida Limited Liability Company**

The undersigned, desiring to form a limited liability company under and pursuant to Chapters 608, Florida Statutes, the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such Company:

**ARTICLE I
Name**

The name of this Company shall be **MAGELLAN'S LAW, LLC.**

**ARTICLE II
Duration**

The term of existence of the Company shall be perpetual.

**ARTICLE III
Mailing and Street Address**

The street address of the Company is: 203 Ave. A., NW, Suite 300, Winter Haven, FL 33883, and the mailing address of the Company is: P.O. Box 7378, Winter Haven, FL 33883-7378.

**ARTICLE IV
Registered Agent and Office**

The name and street address of the initial registered agent and office for this Company are as follows: Carl J. Strang, III, 203 Ave. A., NW, Suite 300, Winter Haven, FL 33883.

**ARTICLE V
Admission of Additional Members;
Terms and Conditions of such Admissions**

Additional Members may be admitted upon unanimous consent of the Members of the Company, upon the written application of such new Member, in the manner set forth in the Operating Agreement of this Company and in accordance with applicable law.

**ARTICLE VI
Management of Company**

The Company is to be a manager-managed company.

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TALLAHASSEE, FLORIDA


ARTICLE VII
Amendment of Articles of Organization

Any amendment to these Articles of Organization shall be on such form prescribed by the Secretary of State of the State of Florida containing such terms and provisions consistent with Chapter 608, Florida Statutes, as shall be prescribed by the Department of State, and shall be signed and sworn to by all Members of the Company. In the event a new Member is added by such amendment, it shall be also signed by the Member to be added.

ARTICLE VIII
Transferability of Member's Interest

An interest of a Member of this Company may be transferred or assigned only to such extent and in the manner provided in the Operating Agreement of the Company and in accordance with applicable law.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand this 2nd day of November, 2006.



Carl J. Strang, III, an authorized agent of a
Member of the Company

STATEMENT OF REGISTERED AGENT

Having been named as Registered Agent and to accept service of process for the above-stated limited liability company, 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 in Chapter 608, Florida Statutes.



Carl J. Strang, III

STATE OF FLORIDA
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 24 day of November, 2006, by Carl J. Strang, III, who is personally known to me or produced as identification.

(SEAL)  **Kerry M. Wilson**
Commission # DD475956
Expires October 11, 2009
Bonded Tray Pain - Insurance, Inc. 800-385-7019



NOTARY PUBLIC

Print Name of Notary

My Commission Expires: