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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mark Alan Magic, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Randolph F. Jones, CPA
(Name of Person)

Donovan Bell and Associates, CPA's PA
(Firm/Company)

3670 US Hwy 1 South, Ste. 290
(Address)

St. Augustine, FL 32086
(City/State and Zip Code)

For further information concerning this matter, please call:

Randolph F. Jones, CPA at (904) 797-6660
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$125.00 filing Fee

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The name of the limited Liability Company is:

Mark Alan Magic, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mark Alan Magic, LLC

6 Barcelona Ave

St. Augustine, FL 32080

Mailing Address:

Mark Alan Magic, LLC

6 Barcelona Ave

St. Augustine, FL 32080

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Mark Alan Stinson

Name

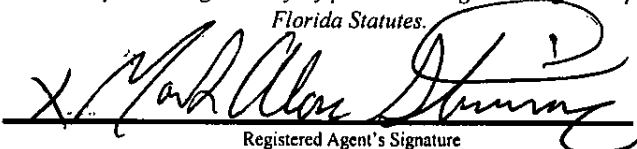
6 Barcelona Ave

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

St. Augustine, FL 32080

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated 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 608, Florida Statutes.


Registered Agent's Signature

SECRETARY OF STATE
TALLAHASSEE FLORIDA
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ARTICLE IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

“MGR” = Manager

“MGRM” = Managing Member

Name and Address

MGRM

Mark Alan Stinson

6 Barcelona Ave

St. Augustine, FL 32080

MGR

Lorraine Stinson

6 Barcelona Ave

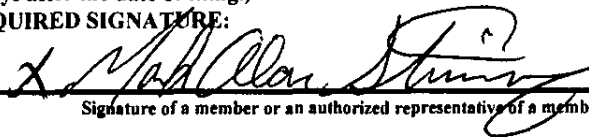
St. Augustine, FL 32080

(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.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Mark Alan Stinson

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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