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Account Name : BARRON, REDDING, HUGHES, FITE, BASSETT & FENSOM, P.A.
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LIMITED LIABILITY COMPANY

Magnum Capital Retail LLC

Certificate of Status	0
Certified Copy	1
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02 APR -2 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
MAGNUM CAPITAL RETAIL LLC**

Pursuant to the provisions of Chapter 608, Florida Statutes, 2001, the undersigned hereby adopts the following Limited Liability Company Articles of Organization:

ARTICLE I - NAME

The name of this Limited Liability Company is Magnum Capital Retail LLC

ARTICLE II - DURATION

The Company shall exist perpetually.

ARTICLE III - MAILING ADDRESS AND STREET ADDRESS

The mailing address and the street address of the principal office of the Company is c/o Barron, Redding, Hughes, Fite, Fensom, Sanborn & Kiehn, P.A., 220 McKenzie Avenue, Panama City, Florida 32401.

ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

The name and street address of the initial registered agent of the Company and of the Registered Office of the Company are Brian D. Leebrick, Esq., 220 McKenzie Avenue, Panama

THIS INSTRUMENT PREPARED BY:

J. Robert Hughes, Esq.
Fla. Bar No. 111806
Barron, Redding, Hughes, Fite,
Fensom, Sanborn & Kiehn, P.A.
220 McKenzie Avenue
P.O. Box 2467
Panama City, FL 32402
(850) 785-7454

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TALLAHASSEE, FLORIDA

City, FL 32401.

ARTICLE V - CONTINUATION OF BUSINESS

In the event of the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member, or the occurrence of any other event which would otherwise terminate the continued membership of a Member in the Company, the remaining Members of the Company may continue the business of the Company.

ARTICLE VI - MANAGEMENT

The Company shall be managed by the members.

ARTICLE VII - LIMITATION ON AUTHORITY

Pursuant to Section 608.4235 of the Florida Limited Liability Company Act, no member shall be an agent of the Company solely by virtue of being a member.

IN WITNESS WHEREOF, the undersigned, as the authorized representative of the Members, has executed these Articles of Organization on this 14 day of April, 2002.



Brian D. Leebrick

STATE OF FLORIDA
COUNTY OF BAY

The foregoing instrument was acknowledged before me this 1st day of April, 2002, by
Brian D. Lecbrick, who: (notary **must** check applicable box)

- ☒ is personally known to me.
☐ produced a current Florida driver's license as identification.
☐ produced _____ as identification.

(SEAL)



Carol Lynn Grissett

(Print Name)

Notary Public

Commission # _____

My Commission Expires: _____

**STATEMENT OF ACCEPTANCE
AND DESIGNATION OF REGISTERED AGENT
OF
MAGNUM CAPITAL RETAIL LLC**

STATE OF FLORIDA
COUNTY OF BAY

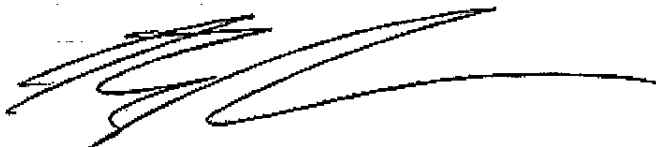
Pursuant to the provisions of Sections 608.415 and 608.407(1)(c) of the Florida Limited Liability Company Act, the limited liability company identified below submits the following statement in designating its registered office and registered agent in the State of Florida:

The name of the limited liability company is Magnum Capital Retail LLC.

The name of the registered agent for Magnum Capital Retail LLC is Brian D. Leebrick and the street address of the company's principal office where the agent is located is 220 McKenzie Avenue, Panama City, Florida, 32401.

This statement is to acknowledge that, as indicated above, Magnum Capital Retail LLC has appointed me, Brian D. Leebrick, as its registered agent to accept service of process for the company at the place designated above in this certificate. I accept this 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.

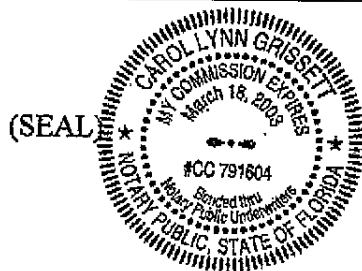
DATED this 13 day of April, 2002.



Brian D. Leebrick
Registered Agent

The foregoing instrument was acknowledged before me this 1st day of April, 2002, by Brian D. Leebrick, registered agent of Magnum Capital Retail LLC, a limited liability company, who: (notary must check applicable box)

- ☒ is personally known to me.
☐ produced a current Florida driver's license as identification.
☐ produced _____ as identification.



Carol Lynn Grissett

(Print Name)

Notary Public

Commission # _____

My Commission Expires: _____