- LO30000213-8-9	
(Requestor's Name) (Address)	LEAF LAIGUE STATE LALLAHASSEE, FLORIDA 100020520571
(Address) (City/State/Zip/Phone #)	06./09/0301032002 **155.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
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The Law Offices of MOYLE FLANIGAN KATZ RAYMOND &SHEEHAN PA.

POST OFFICE BOX 3888 (ZIP 33402-3888) 625 North Flagler Drive, 9th Floor West Palm Beach, Florida 33401-4025 FILED

TELEPHONE (561) 659-7500 03 JUN -9 PM 4: 07 FACSIMILE (561) 659-1789

- OTHER OFFICE: TALLAHASSEE

WRITER'S DIRECT LINE: (561) 822-0393

June 5, 2003

Florida Department of State Secretary of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re: MAGON, LLC

Dear Sir or Madam:

Enclosed please find an original and one copy of the Articles of Organization of MAGON, LLC along with a check in the amount of \$155.00

Please file the enclosed document with the Florida Secretary of State and obtain a certified copy and return the certified copy to my office.

Should you have any questions, please do not hesitate to call.

Sincerely,

Tracie A. Castiglia Secretary to Martin V. Katz

/tac Enclosures -3888) FLOOR DI-4025 FILED 03 JUN -9 PM 4: 07 I GIETARY UF SIATE ALLAHASSEE, FLORIDA THOMAS A. SHEEHAN, III ROBERT J. SNIFFEN MARTA M. SUAREZ-MURIAS WILTON L. WHITE BRIAN L. WOLKETZ

> OF COUNSEL: Daniel K. Corbett Thomas A. Hickey William J. Payne

ARTICLES OF ORGANIZATION OF MAGON, LLC

03 JUN -9 PM 4: 07

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TALLAHASSEE, FLORIDA

The undersigned hereby forms and establishes a limited liability company under the laws of the State of Florida.

ARTICLE I

The name of this limited liability company is MAGON, LLC("Company").

ARTICLE II

This limited liability company shall have the perpetual existence from the date of filing these

Articles with the Department of State unless sooner terminated by law.

ARTICLE III

The mailing address and street address of the principal place of business of the Company is

319 7th Street, Atlantic Beach, FL 32233. The Company may at its discretion, at any time, change

the address of its principal place of business.

ARTICLE IV

The name and street address of the initial registered agent of this Company is Mary Ann

Gonzalez,319 7th Street, Atlantic Beach, FL 32233.

ARTICLE V

The management of this Company shall be vested in one managing member who is: Mary Ann Gonzalez, whose address is 319 7th Street, Atlantic Beach, FL 32233.

ARTICLE VI

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Additional members may be admitted to this Company upon such terms and conditions as may be established in the Company's operating agreement.

ARTICLE VII

The business of this Company shall be dissolved on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in this Company, unless a majority in interest of the remaining members consent to the continuation of the business of the Company within ninety days of the occurrence of any event which would otherwise terminate the existence of this Company.

IN WITNESS WHEREOF, I have hereunto subscribed my name this 4^{μ} day of June, 2003.

MANAGING MEMBER

STATE OF FLORIDA COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this $\underline{4^{\mu}}$ day of June, 2003, by Mary Ann Gonzalez, who is personally known to me, **OR** has produced ______ as identification.

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)

Notary Name:

Notary Public Serial (Commission) Number (If any)

DD 199650 EXPIRES: June 22, 2007 Thru Notwy Public Underw

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I am familiar with and hereby acknowledge and accept the obligations of the Registered Agent for MAGON, LLC

R Mary Ann Gonzalez Registered Agent