

L03000023802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100021129681

06/30/03--01064--012 \*\*155.00

RECEIVED

03 JUN 30 PM 12:11

STATE  
DIVISION  
TALLAHASSEE, FLORIDA

FILED

03 JUN 30 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten signature/initials*

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Magna Oil II, LLC

FILED  
03 JUN 30 PM 2:38  
TALLAHASSEE, FLORIDA

- \_\_\_ Art of Inc. File
- \_\_\_ LTD Partnership File
- \_\_\_ Foreign Corp. File
- ☒ L.C. File
- \_\_\_ Fictitious Name File
- \_\_\_ Trade/Service Mark
- \_\_\_ Merger File
- \_\_\_ Art. of Amend. File
- \_\_\_ RA Resignation
- \_\_\_ Dissolution / Withdrawal
- \_\_\_ Annual Report / Reinstatement
- ☒ Cert. Copy
- \_\_\_ Photo Copy
- \_\_\_ Certificate of Good Standing
- \_\_\_ Certificate of Status
- \_\_\_ Certificate of Fictitious Name
- \_\_\_ Corp Record Search
- \_\_\_ Officer Search
- \_\_\_ Fictitious Search
- \_\_\_ Fictitious Owner Search
- \_\_\_ Vehicle Search
- \_\_\_ Driving Record
- \_\_\_ UCC 1 or 3 File
- \_\_\_ UCC 11 Search
- \_\_\_ UCC 11 Retrieval
- \_\_\_ Courier

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

## **ARTICLES OF ORGANIZATION**

**OF**

### **MAGNA OIL II, L.L.C.**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, hereby make, acknowledge, and file the following Articles of Organization:

#### **ARTICLE I - NAME**

The name of this limited liability company is Magna Oil II, L.L.C.

#### **ARTICLE II - DURATION**

This limited liability company shall have perpetual existence commencing on the date of this filing of these Articles with the Department of State.

#### **ARTICLE III - ADDRESS**

The mailing address and street address of the principal office of the Company shall be 1595 S.E. Port St. Lucie Blvd., Port St. Lucie, Florida 34952.

#### **ARTICLE IV - MANAGEMENT**

Management of the Company shall be reserved to the Members. The Managing Member shall be Timothy Brink. The Member(s) of the Company are as follows:

Timothy Brink  
1595 S.E. Port St. Lucie Blvd.  
Port St. Lucie, FL 34952

#### **ARTICLE V – ADDITIONAL MEMBERS**

Members shall have the right to admit additional members from time to time on such terms and conditions as the Members shall deem advisable and acceptable.

#### **ARTICLE VI -SURVIVORSHIP**

In the event any Member or Members shall die, resign, retire, be expelled, be adjudicated bankrupt, or upon the occurrence of any other event which terminates the continued membership of a Member in the Company, the remaining Members shall have the right to continue the business.

#### **ARTICLE VI - REGISTERED AGENT**

The street address of the initial registered agent of the Company is Rickey L. Farrell, 1595 SE Port St. Lucie Boulevard, Port St. Lucie, Florida 34952.

FILED  
JUN 30 PM 2:38  
TALLAHASSEE, FLORIDA

*Timothy Brink*

TIMOTHY BRINK  
Managing Member

FILED  
JUN 30 AM 2:38  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
COUNTY OF ST. LUCIE

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Timothy Brink, who has produced n/a as identification or who is personally known to me and who executed the foregoing Articles of Organization, and he acknowledged before me that he executed the Articles of Organization.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 27 day of June, 2003.

(S E A L)



Tiffany N. Gonsalves  
MY COMMISSION # CC885674 EXPIRES  
November 7, 2003  
BONDED THRU TROY FAIR INSURANCE, INC

*Tiffany N. Gonsalves*

Notary Public State of Florida at Large  
Printed Signature: Tiffany N. Gonsalves  
My Commission No:  
My Commission Expires:

**ACCEPTANCE BY REGISTERED AGENT**

Having been named as Registered Agent to accept service of process for the above named company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper performance of my duties. I am familiar with and accept the obligations of such position.

  
RICKEY L. FARRELL  
Registered Agent

FILED  
JUN 30 PM 2:38  
STATE  
OF FLORIDA  
TALLAHASSEE

**STATE OF FLORIDA  
COUNTY OF ST. LUCIE**

**BEFORE ME**, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Rickey L. Farrell, who has produced n/a as identification or who is personally known to me and who executed the foregoing Articles of Organization, and he acknowledged before me that he executed the Articles of Organization.

**IN WITNESS WHEREOF**, I have set my hand and seal in the State and County above, this 27 day of June, 2003.

(S E A L)



Tiffany N. Gonsalves  
MY COMMISSION # CC885674 EXPIRES  
November 7, 2003  
BONDED THRU TROY FAIR INSURANCE, INC.



Notary Public State of Florida at Large

Printed Signature: Tiffany N. Gonsalves

My Commission No:

My Commission Expires: