L03000037376

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bt	isiness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



200023195622

09/25/03--01075--011 **125.00

2003 SEP 25 AM 9: 52

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MAGIC BROOM 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:	
Name of Person)	
(Name of Person)	
HAGTE BLOOM, LLC. (Firm/Company)	FILEU 9: 52 2003 SEP 25 M 9: 52 UNIVERSAL ANASSEE, FLORIDA
15639 30 73 CIRC. TEXE #73 (Address)	9: 52 ORATION FLORIDI
MinHi FL 33193 (City/State and Zip Code)	<i>> 5</i> 0
For further information concerning this matter, please call:	
TOSE C. ZAPATA at (305) 387-3374 (Name of Person) (Area Code & Daytime Telephone Number)	_

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Ť.

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: MAGIC BROOM 22C

ARTICLE I - Name:

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
15639 SW 73 CLEC. TEXE # 73 MIAMI, FL 33193. 5AME
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Name SEENSOCA
Name
15639 SW 73 elec TERR #73
Florida street address (P.O. Box NOT acceptable)
MIAMI FL BL 33193 City, State, and Zip
City, State, and Zip
Having been named as registered agent and to accept service of process for the above stated limited 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, F.S Registered Agent's Signature

(CONTINUED)

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" = Manager	Name and Address:
"MGRM" = Managing Member 466	JOSE C. JAPATA 15639 SW 73 CIRC. TELL # 73 MIAHI, FL 33193
	PAR SEP
	25 M 9. 5
(Use attachment if necessary)	ORIONS.
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	Juni Ariti
Signature of a member-	or-an authorized representative of a member.
(In accordance with secti of this document constitu that the facts stated herei	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury in are true.)
JOSE	C. ZAPATA. ed or printed name of signee

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)