

H04 00000 1098

(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



700025797497

12/29/03--01034--017 **155.00

FILED
03 DEC 29 AM 6:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Magnolia Avenue 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:

Sharon Desbien
(Name of Person)

Law Office of Robert J. Mintz
(Firm/Company)

2741 Vista Way, #105
(Address)

Oceanside, CA 92054
(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon Desbien at (760) 967-7748
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 DEC 29 AM 6:01

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Magnolia Avenue LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

46 Leschi Drive
Steilacoom, WA 98388

Same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

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

Linda Daniels
Name
901 S. Magnolia Avenue
Florida street address (P.O. Box **NOT** acceptable)
Sanford FL 32771
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 DEC 29 AM 6:01

FILED

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
Linda Daniels

(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" = Managing Member

Name and Address:

Manager

Colin V. Daniels

46 Leschi Drive

Steilacoom, WA 98388

Manager

Jasmine T. Daniels

46 Leschi Drive

Steilacoom, WA 98388

Manager

Tony Daniels

901 S. Magnolia Avenue

Sanford, FL 32771

Manager

Linda Daniels

901 S. Magnolia Avenue

Sanford, FL 32771

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

Colin V. Daniels

Typed 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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 DEC 29 AM 6:01

FILED