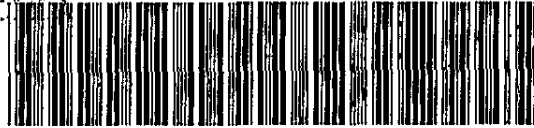


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2004 JUN 8 P 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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05/20/04--01033--021 \*\*125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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

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1A1

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Steve Magrino Irrigation systems LLC  
(Name of Limited Liability Company)

**FILED**

2004 JUN -8 P 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steve Magrino

(Name of Person)

Steve Magrino Irrigation Systems

(Firm/Company)

1309 N.E. 20th Street

(Address)

Ocala Fl. 34470

(City/State and Zip Code)

For further information concerning this matter, please call:

Steve Magrino

(Name of Person)

at ( 352 ) 812-5502 cell

(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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 26, 2004

STEVE MAGRINO  
1309 N.E. 20TH STREET  
OCALA, FL 34470

SUBJECT: STEVE MAGRINO IRRIGATION SYSTEMS LLC  
Ref. Number: W04000020527

FILED  
2004 JUN -8 P 2:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for STEVE MAGRINO IRRIGATION SYSTEMS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

PLEASE CHECK THE SPELLING OF YOUR COMPANY NAME IN ARTICLE I.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 904A00036891

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**FILED**

2004 JUN -8 P 2: 16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Steve Magrino Irrigation ~~systems~~ <sup>SYSTEMS</sup> LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1309 N.E. 20th Street

Ocala Fl. 34470

**Mailing Address:**

1309 N.E. 20th Street

Ocala Fl. 34470

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

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

Steve Magrino

Name

1309 N.E. 20th Street

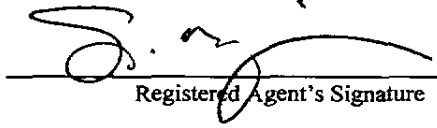
Florida street address (P.O. Box **NOT** acceptable)

Ocala Fl. 34470

FLORIDA

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, Florida Statutes..*

  
Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**FILED**

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

2004 JUN -8 P 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGR

Steve Magrino

1309 N.E. 20th Street

Ocala Fl. 34470

(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.)

Steve Magrino

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)