

Division of Corporations

Fax: 8138795553

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : ISAKSEN LAW FIRM
Account Number : I20040000059
Phone : (813) 272-2007
Fax Number : (813) 354-4748

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

MAGIC MOMENTS, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

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9/1/2004

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**ARTICLES OF ORGANIZATION FOR
MAGIC MOMENTS, LLC**

The undersigned, for the purpose of forming a Limited Liability Company under the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization:

ARTICLE I

NAME OF COMPANY

The name of the Limited Liability Company is MAGIC MOMENTS, LLC.

ARTICLE II

MAILING ADDRESS OF COMPANY

The mailing address of the Limited Liability Company and of its principal office is:
101 Philippe Parkway, Suite 313, Safety Harbor, Florida 34695.

ARTICLE III

INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Limited Liability Company is 415 S. MacDill Avenue, Tampa, Florida 33609 and the name of its initial registered agent at the address is JENNIFER ISAKSEN.

ARTICLE IV

The Limited Liability Company is to be Manager-Managed.

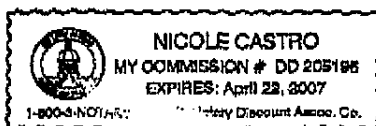
IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this September 1, 2004.


JENNIFER ISAKSEN

STATE OF FLORIDA, COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this September 1, 2004, by JENNIFER ISAKSEN, who is personally known to me or produced _____ for identification.


NOTARY PUBLIC



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DIVISION OF CORPORATE REGISTRATION

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CONSENT TO BE REGISTERED AGENT

Following is the name and address of the initial registered agent of the limited liability company, MAGIC MOMENTS, LLC. Having been named as registered agent, the undersigned agrees and accepts said designation.

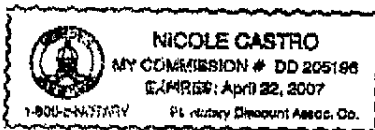
JENNIFER ISAKSEN
415 S. MacDill Avenue
Tampa, Florida 33609


JENNIFER ISAKSEN

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this September 1, 2004, by JENNIFER ISAKSEN, who is personally known or produced _____ for identification.


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