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	(Request	or's Name)		_
	(Address)	<u></u>)		_
	(Address)	<u> </u>		
	(City/Stat	e/Zip/Phone	#)	_
PICK-UF	· [WAIT	MAIL	
	(Business	Entity Name	e)	
	(Docume	nt Number)		_
Certified Copies	· .	Certificates	of Status	<u>.</u>
Special Instructions	to Filing	Officer:		
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SECREARY OF STATE
TALLARIASSEEL FLORID

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TRANSMITTAL LETTER

TO: Registration Sec Division of Cor				
SUBJECT: MAGMEN	I, LLC (Name of Limited	Liability Company)		
	Organization and fee(s) are su			
_	RET LEE MANOR	t wo the tonowing.		
	4)	Name of Person)		
MACMEN LLC				
MAGMEN, LLC	(I	Firm/Company)		
114 AMBER	JACK DR			
		(Address)		
FORT	WALTON BEACH, FLORII	DA 32548		
		State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	
For further information of	concerning this matter, please	call:		
BRANDY SLUSHER		at (850) 368-8023	Fo =	
(Name	of Person)	(Area Code & Daytime To	elephone Number	<u>.</u>
Enclosed is a check fo	r the following amount:)6 -2	in the second
☐ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy: (additional copy is enclosed)	Ü
	ET ADDRESS: ration Section	MAILING A Registration S		

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

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 25, 2005

MARGARET LEE MANOR
MAGMEN, LLC
114 AMBERJACK DR
FORT WALTON BEACH, FL 32548

SUBJECT: MAGMEN, LLC Ref. Number: W05000035264

We have received your document for MAGMEN, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6913.

Letter Number: 505A00048395

Diane Cushing Document Specialist

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Comp	pany is:
MAGMEN, LLC	AND COLUMN TO SERVICE
ARTICLE II - Address:	
The mailing address and street address o	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
114 AMBERJACK DR	organisation of the control of the c
FORT WALTON BEACH, FLORIDA	S 183 22 45 5 5 6 35 5 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5
32548	
The name and the Florida street address	of the registered agent are: Name
	Breet address (P.O. Box NOT acceptable)
FORT WOOD B	ench FL 32548
liability company at the place designate registered agent and agree to act in this constant statutes relating to the proper and comp	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608 F.S.

(CONTINUED)

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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	MARGARET LEE MANOR 1002 JOAN AVE FORT WALTON BEACH, FLORIDA 32548
The state of the s	3 7 3 7 3 3 5 3
(Use attachment if necessary)	
NOTE: An additional article must be a REQUIRED SIGNATURE:	added if an effective date is requested.
Signature of a member or	an authorized representative of a member.
	s an affirmation under the penalties of perjuty on are true.)
MARGARET LEE MANG	OR OR
Typed	or printed name of signee
Filing Fees:	ES W
\$125.00 Filing Fee for Articles of Organiza	tion and Designation

Page 2 of 2

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)