

FROM :

FAX NO. :

NOV 05 2004 05:00PM

Division of Corporations

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05000107821

Florida Department of State  
Division of Corporations  
Public Access System

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To:

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

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.  
Account Number : 104512000707  
Phone : (305)266-4080  
Fax Number : (305)221-2388

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

NOV -4 AM 11:27  
NOV -4 AM 8:24

**LIMITED LIABILITY COMPANY**

**MN MAGIC VENTURES LLC**

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

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Corporate Filing

Public Access Help

05-107821  
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FROM :

FAX NO. :

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HOT 000 256 943

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: MN MAGIC VENTURES LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

136 S.E. 1 AVE.  
MIAMI, FL. 33131

**Mailing Address:**

20225 N.E. 34 CT. #414  
AVENTURA, FL. 33180

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

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

MARIA ALEJANDRA MORATINOS

Name

20225 N.E. 34 CT. #414

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

AVENTURA FL 33180

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.*

*Maria Moratinos*

Registered Agent's Signature

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(CONTINUED)

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**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:**

MGRM

MARIA ALEJANDRA MORATINOS

20225 N.E. 34 CT. #414  
AVENTURA, FL. 33180

MGR

ARLENE MORATINOS

20225 N.E. 34 CT. #414  
AVENTURA, FL. 33180

(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.)

MARIA ALEJANDRA MORATINOS

Typed or printed name of signer

**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

2005 NOV -4 AM 11:27

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