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| D.E. Mag - 4133 Tab Naples | | |
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| (Cit | y/State/Zip/Phone | 2 #) |
| PICK-UP | WAIT | MAIL |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | |
|--|---|----------------------------|
| The name of the Limited Liability Company | is: | |
| Maguire Associates, LLC | | · |
| (Must end with the words "Limited Liability Company, "Li | imited Company" or their abbreviation "LLC," or " | L.C.,") |
| ARTICLE II - Address: | | |
| The mailing address and street address of the | e principal office of the Limited Liabili | ity Company is: |
| Principal Office Address: | Mailing Address: | |
| 4133 Tabago Lane | 4133 Tabago Lane | |
| Naples, FL 34119 | Naples, FL 34119 | |
| ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) | | |
| The name and the Florida street address of the | ne registered agent are: | SECRE IVISION 07 APR |
| Donald Eugene Maguire | | 1 유럽- |
| Na | me | COR |
| 4133 Tabago Lane | | <u> </u> |
| Florida street | address (P.O. Box NOT acceptable) | STATE RATIO |
| Naples, FL 34119 | FL | . X |
| City, Sta | ite, 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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

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

| MGRM | Donald Eugene Maguire | |
|---------------------------------------|-----------------------------------|------------------------|
| | 4133 Tabago Lane Naples, FL 34119 | |
| | - Teaples, 1 E 0-11-10 | |
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| • | <u></u> . | |
| (Use attachment if necessary) | | |
| LEV: Effective date, if other than | the date of filing: | (OPTIONA |
| ffective date is listed, the date mus | t be specific and cannot be more | than five business day |
| days after the date of filing.) | | |
| | | |
| REQUIRED SIGNATURE: | | |

Donald Eugene Maguire

that the facts stated herein are true.)

Typed or printed name of signee

(In accordance with section 608.408(\$), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)