

LO 7000093713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

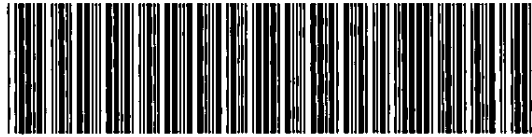
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten Signature]

Office Use Only



100106975051

FILED

RECEIVED

07 SEP 13 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
07 SEP 13 PM 12:41
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 226260 7448543

AUTHORIZATION :

Sprengleman

COST LIMIT : \$ 125.00

FILED
07 SEP 13 PM 4:05
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ORDER DATE : September 13, 2007

ORDER TIME : 11:47 AM

ORDER NO. : 226260-005

CUSTOMER NO: 7448543

DOMESTIC FILING

NAME: MAGPOND, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Magpond, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

8441 Cooper Creek Blvd

University Park, FL 34243

Mailing Address:

8441 Cooper Creek Blvd

University Park, FL 34243

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

David H. Baldauf

Name

8441 Cooper Creek Blvd

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

University Park, FL 34243

City, State, and Zip

FILED
07 SEP 13 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Corporation Service Company



By:

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

Page 2 of 2