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EXAMINER



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05/30/08--01040--004 \*\*155.00

#### **COVER LETTER**

SUBJECT: Absolutely Magic! By Larry Mason, LLC (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Larry Mason
(Name of Person)
Absolutely Magic! By Larry Mason, LLC
(Firm/Company)
4546 Eagle Ridge Lane
(Address)
Sarasota, FL 34238
(City, State and Zip Code
For further information concerning this matter, please call:
Larry Mason at (941) 587-3662 (Name of person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□\$125.00 Filing Fee U\$130.00 Filing Fee & Status Status Certificate of Status Certified Copy (additional copy is enclosed)  □\$160.00 Filing Fee & Certificate of Status & Certified Copy (Additional copy enclosed)

To:

**Registration Section Division of Corporations** 

> Mailing Address
> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address Registration Section

**Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I: NAME**

The name of The Limited Liability Company shall be Absolutely Magic! By Larry Mason, LLC.

#### **ARTICLE II: ADDRESS**

The principal office address of the company shall be 4546 Eagle Ridge Lane, Sarasota, FL 34238

The mailing address of the company shall be 4546 Eagle Ridge Lane, Sarasota, FL 34238

# ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

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

Larry Mason 4546 Eagle Ridge Lane Sarasota, FL 34238

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.

SECRETARY OF RURENDAND

### ARTICLE IV: MANAGER(S) OR MANAGING MEMBER(S):

The names and addresses of each Manager or Managing Member is as follows:

MGRM Larry Mason 4546 Eagle Ridge Lane Sarasota, FL 34238

MGR Linda Mason 4546 Eagle Ridge Lane Sarasota, FL 34238

ARTICLE V: Effective date, if other than the due date of filing:

(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing)

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.)

HARRY MASON

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee For Articles of Organization and Designation of registered agent \$30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (Optional)