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(Requestor's Name)	_
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
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Certified Copies Certificates of Status	
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SECRETARY OF STATE TALL AHASSEE, FLORIDA

T. CLINE

JAN 15 2009

EXAMINATI

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	(Name of Limited Liability Company)	
The end	closed Articles of Organization and fee(s) are submitted for filing.	
Please 1	return all correspondence concerning this matter to the following:	
-	BRUCE F. THOMPSON (Name of Person)	
-	MAGNUS SERVICES, LLC. (Firm/Company)	
•	5229 VILLAGEBROOK DRIVE (Address)	
-	(City/State and Zip Code) WESIEY CHAPEL, FL. 33544 (City/State and Zip Code) ther information concerning this matter, please call: SEE F. THOMPSON at (813) 695-4493 (Ame Code & Daving Telephone)	79'47'
For furt	ther information concerning this matter, please call:	5.000 Galle R.
BR	(Name of Person) at (813) 695-4493 (Area Code & Daytime Telephone Number) 57	į
Enclos	ed is a check for the following amount:	
⊒ \$125,0	00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

tor chair

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 6, 2009

BRUCE THOMPSON 5229 VILLAGEBROOK DRIVE WESLEY CHAPEL, FL 33544

SUBJECT: MAGNUS SERVICES, LLC

Ref. Number: W09000000317

We have received your document for MAGNUS SERVICES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as or it is not distinguishable from the name of an existing entity. Section 608.406; Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P08000032262.

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) 245-6020.

Tammi Cline Regulatory Specialist II 2609 JAN 14 AH 9: 57

Letter Number: 709A00000249

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

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The name of the Limited Liability Company is:

MAGNUS NETWORK PROFESSIONALS, LLC.
MAGNOS SERVICES, LLC.
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
5229 VILLAGEBROOK DRIVE 5229 VILLAGEBROOK DRIVE WESLEY CHAPEL, FL. 33544 WESLEY CHAPEL, FL. 33544
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: BRUCE E. IHOMPSON Name 5229 VILLAGUERPOOK DRUE Florida street address (P.O. Box NOT acceptable) 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

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

<u>Title:</u>	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member			
MGRM	BRUCE F. THOMPSON 5229 VILLAGEROOK DRIV WESLEY CHAPEL, FL. 33	<u>IE</u> 3544	
· · · · · · · · · · · · · · · · · · ·			
			
(Use attachment if necessary)			
CLE V: Effective date, if other than the	e date of filing: (OPTIONAL))
effective date is listed, the date must I 90 days after the date of filing.)	be specific and cannot be more than five bu	siness days j	prioi
REQUIRED SIGNATURE:			
Blam		2009 JAN SECRET TALL AHJ	4
Signature of a memb	er or an authorized representative of a member.	2009 JAN 14 SECRETARY TALLAHASSE	44
Signature of a memb	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury	2009 JAN 14 AM 9: 52 SECRETARY OF STATE TALLAHASSEE, FLORIDA	

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)