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☐ PICK-UP   ☐ WAIT   ☐ MAIL

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(Business Entity Name)

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(Document Number)

Certified Copies _____   Certificates of Status _____

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FILED
2009 DEC 23 PM 12: 46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

DEC 2 4 2009

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **FIVE INTUITIONS, 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:

KIM MAGUIRE
_____
Name of Person

FIVE INTUITIONS, LLC
_____
Firm/Company

135 ISLAND ESTATES PARKWAY
_____
Address

PALM COAST, FL. 32137
_____
City/State and Zip Code

fiveintuitions@aol.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIM MAGUIRE   at (**386**) **597 2099**
_____
Name of Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee   ☐ $130.00 Filing Fee &   ☐ $155.00 Filing Fee &   ☑ $160.00 Filing Fee,
                           Certificate of Status   Certified Copy   Certificate of Status &
                                                        (additional copy is enclosed)   Certified Copy
                                                                                     (additional copy is enclosed)

Mailing Address   **Street/Courier Address**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                             Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

FIVE INTUITIONS, 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:**

135 Island Estates Parkway   Same
Palm Coast, Fl.
32137

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:

Kim Maguire
Name

135 Island Estate Parkway
Florida street address (P.O. Box **NOT** acceptable)

Palm Coast   FL   32137
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

President

Kim Maguire
135 Island Estate Parkway
Palm Coast, Fl. 32137

Vice-President

Mea Maguire
135 Island Estates Parkway
Palm Coast, Fl 32137

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ___Jan 4, 2010___ . (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:

_____Kim Maguire_____
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.)

_____Kim Maguire_____
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)