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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for full annual report mailings. Enter only one email address please.****

Email Address: _____

2010 APR 21 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10 APR 21 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
MAGNUM FORCE ENTERPRISES LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

T. CLINE

APR 22 2010

EXAMINER

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(3)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

X MAGNUM FORCE ENTERPRISES LLC

ARTICLE II - Address:

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

Principal Office Address:

X 381 SE CR 18
LAKE CITY FL
32024

Mailing Address:

X 381 SE CR 18
LAKE CITY FL
32024

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

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

X TIM FREEMAN
Name

X 381 SE CR 18
Florida street address (P.O. Box NOT acceptable)

X LAKE CITY FL 32024
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.

X 
Registered Agent's Signature

(CONTINUED)

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ALLAHASSEE, FLORIDA

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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:

X MGRM

TIM FREEMAN
381 SE CR 18
LAKE CITY FL 32024

MGR

KATHERINE FREEMAN
381 SE CR 18
LAKE CITY FL 32024

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

X TIM FREEMAN
Typed or printed name of signor

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)

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