# L10000087153

(Ke	equestor's Name)	
(Ad	ldress)	
•		
(Address)		
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
•	<del>-</del>	<del></del>
Special Instructions to Filing Officer:		
	•	

Office Use Only



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OSPARTICAL OS SIATE OIVISION OF CORPORATIONS TALLAHASSEE FLORIDA RECEIVED

B. KOHR AUG 1 9 2010

EXAMINER

10 AUG 19 PM 1: 55

## **LAZARUS**

### **CORPORATE FILING SERVICE**

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

sc Only

**Examiner's Initials** 

	Office Use Only
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if known):
1. MAG DEVEL	OPMENT GROUP
LLC.	(Document *)
(Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
Walk in Pick up time  Mail out Will wait	2.00
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/OUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other

CR2E031(7/97)

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2008 LLC. Company," "L.L.C.," or "LLC.")		
Company," "L.L.C.," or "LLC.")		
· · · · · · · · · · · · · · · · · · ·		
ncipal office of the Limited Liability Company is:		
Mailing Address:		
13311 SW 465t. MAMI, FL. 33175		
Office, & Registered Agent's Signature: ed Agent. You must designate an individual or another		
gistered agent are:		
CIZADO		
5 14.		
13311 SW 46 Jt.  Florida street address (P.O. Box NOT acceptable)		
FL 33/7ゲ IZip		
l Zip		
scept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all		

(CONTINUED)

#### Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	ALOX R. GIRADO 13311 SW 46 Jt. MIRMI, FI. 33125
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)  REQUIRED SIGNATURE:	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
Signature of a member	er or an authorized representative of a member.
of this document cons that the facts stated he	
ALEX 1	Ped or printed name of signee
Filing Fees:	ped or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)