L10000101125

(I	Requestor's Name)
(/	Address)
(/	Address)
((City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
J)	Business Entity Name)
<u> </u>	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	to Filing Officer:
	·

Office Use Only



100185368381

09/28/10--01003--022 **125.00

DEPARTMENT OF STATE O

RECEIVED

TILEU NO SEP 27 PHIOS STATE

	1 '
, in the second	Ų
917710	Ĺ
-1/21/10	1 D
MOLNICK LILIENFOLDE AS	MINTES
Requestor's Name	N .
20 to Ne 210 atkent	1
Miami, FL 33180	0 N L
City State ZiP Phone	Y
(305)93+-1040	
•	ĺ

CORPORATION(S) NAME () Profit) NonProfit () Amendment () Merger () Foreign () Dissolution () Mark -(-X)-other-() Limited Partnership () Annual Report () Reinstatement () Reservation) Change of Registered Agent () Certified Copy () Photo Copies () Certificate Under Seal (____) After 4:30 () Call If Problem) Call When Ready Walk In) Will Walt () Mail Out Availability Document Examiner

CR2E031 (R8-85)

Updater

Acknowledgment

W.P. Varifier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Magpie, LLC	
(Myst end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
72+ NW 215T Street Mam, FL 33127.	424 NW 21st Street Miani, FL 33127
City, State Having been named as registered agent and to acliability company at the place designated in thi.	gistered agent are: Oct ss (P.O. Box NOT acceptable) FL 33127

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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.

FILED

2010 SEP 27 PM 687

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as followed RETARY OF STATE TORIDA

<u>Title:</u> "MGR" = M		Name and Address:
"MGRM" =	Managing Member	
MOR		Elia Falcon 72+ WW 2/67 Street Many FL 33/27
		·
		
(Use attachm	ent if necessary)	
TCLE V: Effect n effective date is	ive date, if other than	n the date of filing:
TCLE V: Effect n effective date is 90 days after th	ive date, if other than s listed, the date mu	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days pr
TCLE V: Effect n effective date is 90 days after th	ive date, if other thans listed, the date mue date of filing.)	n the date of filing: (OPTIONAL) set be specific and cannot be more than five business days pr
TCLE V: Effect n effective date is 90 days after th	ive date, if other than s listed, the date mu e date of filing.) SIGNATURE:	the date of filing: (OPTIONAL) ast be specific and cannot be more than five business days prember or an authorized representative of a member.
TCLE V: Effect n effective date is 90 days after th	ive date, if other than s listed, the date mu e date of filing.) SIGNATURE:	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury
TCLE V: Effect n effective date is 90 days after th	s listed, the date mue date of filing.) SIGNATURE: Signature of a me (In accordance with of this document counter that the facts state	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)