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T. HAMPTON

APR 9 8 2011

EXAMINER

COVER LETTER

	Registration : Division of C			
SUBJEC	T:	SRD-1 I	Envestments ted Liability Company	LLC
The enclo	sed Articles o	of Organization and fee(s) are	submitted for filing.	
Please ret	urn all corres	pondence concerning this mat	iter to the following:	
	ihea	lore L. Ma	9:11 of Sharor Name of Person	M. Hagill
<u>.</u>		TSR) I	nvesthents Firm/Company	
_	Н	120 Pe	Ters Road	
	<u> </u>	lantatio	n FL 33	3319
D	1406	E-mail address: (to be used	Sharon MMac for future annual report notification)	3118 LOL.CO
For furthe	r information	concerning this matter, pleas	e call:	
_10	Name	dagill of Person	at (954) <u>584-</u> Area Code & Daytime Telep	2803 Phone Number
Enclosed	is a check fe	or the following amount:		
2 \$125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:				
(Must end with the words "Limited Liability	VESTMENTS LLC Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the print	cipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
4120 Peters Road Plantation, FL. 33317	4120 Peters Road Plantation, FL. 33317			
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:				
Theodore L. Name	Jagill_			
H120 Peters Road Florida street address (P.O. Box NOT acceptable)				
Plantation City, State,	FL 33317 , and Zip			
	s certificate, I hereby accept the appointment as I further agree to comply with the provisions of all ormance of my duties, and I am familiar with and			
Registered Agent's Signature	(REQUIRED)			
. Registered rigenit a Digital de	· (************************************			

(CONTINUED) Page 1 of 2

\mathbf{A}	RTICL	E 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:
Manager	Theodore L Magill 5170 SW 18 C+ Plantation, Fl. 33317
Manager MGRM	Sharon M Magill 5170 SW 18 CF Plantation, Fl. 33317 Ryan L. Magill 4511 SW 30 Way Dania Beach, Fl. 33312
MGRM (Use attachment if necessary)	Derek M. Magill 5021 SW 10 St Plantation, Fl. 33317
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must b to or 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prio

REQUIRED SIGNATURE:

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.)

Theodore L. Magill
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)

SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
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