# #L11000104729

(Requestor's Name)
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# **COVER LETTER**

TO: Registration Division of	n Section Corporations		
SURJECT: SOC	ial Magnolia, LL	.C	
		ted Liability Company	<del></del>
The enclosed Articles	s of Organization and fee(s) are	submitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
Chelse	a Duran		
<del></del>	<del></del>	Name of Person	
		Firm/Company	
1000 S	Courth Traceure 1	• •	
1900 3	South Treasure I	Drive #/IN Address	· · · · · · · · · · · · · · · · · · ·
		reactor	
North Bay	Village, FL 33141	b.(Costs and 7:- C-1-	
duran che	elsea@gmail.com	ty/State and Zip Code	
- Caramone		for future annual report notification)	
For further information	on concerning this matter, pleas	se call:	
Chelsea Dura	n	_at (907 ) 947-4852	
Nam	ne of Person	Area Code & Daytime Telepi	none Number
Enclosed is a check	for the following amount:		
\$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 Cir Tallahassee, FL 32301	rcle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

# Social Magnolia, 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:

1900 South Treasure Drive #7N North Bay Village, FL 33141

1900 South Treasure Drive #7N North Bay Village, FL 33141

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:

Chelsea Duran

Name

1900 South Treasure Drive #7N

Florida street address (P.O. Box NOT acceptable)

North Bay Village

E FL 33141
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)

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:

MGR	Chelsea Duran
<u>IVIGIT</u>	1900 South Treasure Drive #7N
	North Bay Village, FL 33141
<del></del>	
	**************************************
(Use attachment if necessary)	
LE V: Effective date, if other than th	ne date of filing: (OPTIONA
ffective date is listed, the date must days after the date of filing.)	be specific and cannot be more than five business day

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

## Chelsea Duran

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)