

#L 11000142495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

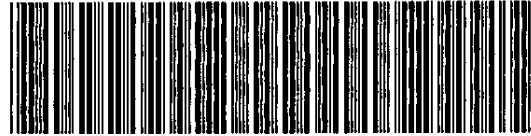
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



600214340266

EFFECTIVE DATE
1-1-2012

600214340266
12/19/11--01009--008 **125.00

FILED
11 DEC 19 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
DEC 20 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Fort Lauderdale Magic Society, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Billy Byron

Name of Person

Fort Lauderdale Magic Society, LLC

Firm/Company

1108 NE 15th. Avenue, No.8

Address

Fort Lauderdale, Florida 33304

City/State and Zip Code

billybyron@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Billy Byron

Name of Person

at (954) 522-1466
Area Code & Daytime Telephone 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fort Lauderdale Magic Society, LLC

(Must end with the words "Limited Liability Company, "LLC," or "LLC.")

EFFECTIVE DATE
1-1-2012

ARTICLE II - Address:

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

Principal Office Address:

1108 NE 15th. Avenue, #8
Fort Lauderdale, FL 33304

Mailing Address:

1108 NE 15th. Avenue, #8
Fort Lauderdale, FL 33304

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:

Billy Byron

Name

1108 NE 15th. Avenue, #8

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

Fort Lauderdale FL 33304

City, State, and Zip

FILED
11 DEC 19 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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:

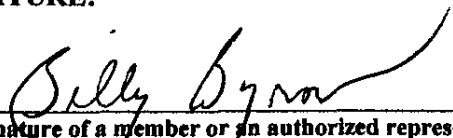
<u>MGR</u>	<u>Dr. Mark Horowitz</u> <u>5472 NW 42nd. Way</u> <u>Coconut Creek, FL 33073</u>
<u>MGR</u>	<u>Mike Shelley</u> <u>9283 Vista Del Lago, #37C</u> <u>Boca Raton, FL 33428</u>
<u>MGR</u>	<u>Phil Labush</u> <u>9360 NW 39th. Street</u> <u>Sunrise, FL 33351</u>
<u>MGR</u>	<u>John Petruzzi</u> <u>9873 North Grand Duke Circle</u> <u>Tamarac, FL 33321</u>

(Use attachment if necessary) - SEE ATTACHMENT

ARTICLE V: Effective date, if other than the date of filing: January 1, 2012 . (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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. 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.)

Billy Byron

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)

ATTACHMENT

ARTICLE IV - Manager(s) or Managing Member(s)

Title:

MGR

Name and Address:

Billy Byron
1108 NE 15th. Avenue, #8
Fort Lauderdale, FL 33304

