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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
•	R ~4 2013 SELLERS	

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(850) 245-6051.

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

illuminating Magic

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:

Jason Duggan Name of Person illuminating Magic Firm/Company 2630 edgwater dr Address orlando, florida 32804 City/State and Zip Code Jason@illuminatingmagic.com

For further information concerning this matter, please call:

Jason Duggan

.407

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

982-7754

Name of Persor

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:				
illuminating Magic 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:				
2630 Edgewater Dr	2630 Edgewater Dr			
Orlando, Fl 32804	Orlando, Fl 32804			
The name and the Florida street addr Ashlie Robertson	ress of the registered agent are: Name			
2630 Edgewater Dr	7			
	rida street address (P.O. Box NOT acceptable)			
	Orlando FL32804			
	City, State, and Zip			
liability company at the place des registered agent and agree to act in all statutes relating to the proper a and accept the obligations of my po	gent and to accept service of process for the above stated limited ignated in this certificate, I hereby accept the appointment as a this capacity. I further agree to comply with the provisions of and complete performance of my duties, and I am familiar with a sition as registered agent as provided for in Chapter 608, F.S			
	The section of the se			

(CONTINUED)

Page 1 of 2

FILE 1)
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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

		Ashlie Robertson
		2630 Edgewater Dr
		Orlando, fl 32804
MGR		Jason Duggan
		2630 Edgewater Dr
		Orlando, fl 32804
Use attachment if i	necessary)	
EV. Effective de	to if other than the	date of filing: April 1, 2013 . (OPTION
		be specific and cannot be more than five busin
Tective date is list		be specific and cannot be more chain the basis
Tective date is list or 90 days after th	e date of fining.)	
	e date of fining.)	

Jason Duggan

Typed or printed name of signee

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

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)