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(Re	equestor's Name)	
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J. SAULSBERRY EXAMINER

JUL 12 2013

COVER LETTER,

TO: Registration Section
Division of Corporations

The Magdalena Group, L.L.C.

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:

Richard Segebre Name of Person The Magdalena Group, L.L.C.

5573 American Circle

Address

Delray Beach, FL 33484

City/State and Zip Code

info@themagdalenagroup.com

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

For further information concerning this matter, please call:

Richard Segebre

.,561

455-2134

Name of Person

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 Comp	oany is:
The	Magdalena Group, L.L.C.
(Must end with the words "Limi	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address o	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5573 American Circle	5573 American Circle
Delray Beach, FL 33484	Delray Beach, FL 33484
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.) The name and the Florida street address Ri 5573	SAmerican Circle Street address (P.O. Box NOT acceptable) Seach, FL 33484
liability company at the place designate registered agent and agree to act in this all statutes relating to the proper and a and accept the obligations of my position.	City, State, and Zip and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of complete performance of my duties, and I am familiar with on as registered agent as provided for in Chapter 608, F.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:

"MGRM" = Managing Member	
MGRM	Richard Segebre
144 to	5573 American Circle
	Delray Beach, FL 33484
	7.20
,	7 - T
	nan the date of filing: (OPTION
LE V: Effective date, if other the fective date is listed, the date	e must be specific and cannot be more than five busin
LE V: Effective date, if other the fective date is listed, the date or 90 days after the date of file.	e must be specific and cannot be more than five busin
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LE V: Effective date, if other the fective date is listed, the date or 90 days after the date of file REQUIRED SIGNATURE:	e must be specific and cannot be more than five busin
LE V: Effective date, if other the fective date is listed, the date or 90 days after the date of file REQUIRED SIGNATURE: Signature of a (In accordance with sect constitutes an affirmation I am aware that any false)	e must be specific and cannot be more than five busing.)

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)