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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers APR 24 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MAGNOLIA LAND MANAGEMENT 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:

RAYMOND J. ROTELLA, ESQ.

Name of Person

KOSTO & ROTELLA, P.A.

Firm/Company

P O BOX 113

Address

ORLANDO, FL 32802

City/State and Zip Code

rrotella@kostoandrotella.com

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

For further information concerning this matter, please call:

Raymond J. Rotella

Name of Person

at ( 407 )

Area Code

425-3456

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:

MAGNOLIA LAND MANAGEMENT, 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:1601 W. Canal St.  
New Smyrna Beach, FL 321681601 W. Canal St.  
New Smyrna Beach, FL 32168

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Jacqueline Lee Clerkin  
Name1601 W. Canal St.  
Florida street address (P.O. Box NOT acceptable)  
New Smyrna Beach, FL 32168  
City Zip14 APR 21 PM 10:3  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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 605, F.S..

Jacqueline Lee Clerkin  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

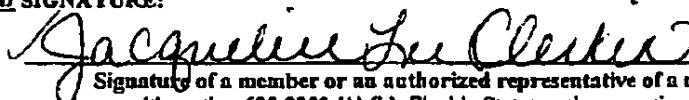
"MGR" = Manager

~~MANAGER~~**Name and Address:**JACQUELINE LEE CLERKIN1601 W. Canal St.New Smyrna Beach, FL 32168

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), 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.)

JACQUELINE LEE CLERKIN

Typed or printed name of signer

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