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Fax Number : (850) 617-6383

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Account Name : CIKLIN LUBITZ MARTENS & O'CONNELL
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FLORIDA LIMITED LIABILITY CO.
Magis, LLC

Certificate of Status	0
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(FAX)

P.001/004



September 17, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CIKLIN LUBITZ MARTENS & O'CONNELL

SUBJECT: MAGIS LLC
REF: W14000056831

*Corrected 9/17/14 -
KL*

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Florida law requires the street address of the principal office and if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H14000217348
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MAGIS, 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:c/o Alan J. Ciklin, Esq.
515 N. Flagler Drive, 20th Floor
West Palm Beach, Florida 33401Mailing Address:c/o Ayco Company, LP
Post Office Box 425
Saratoga Springs, New York 12866

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

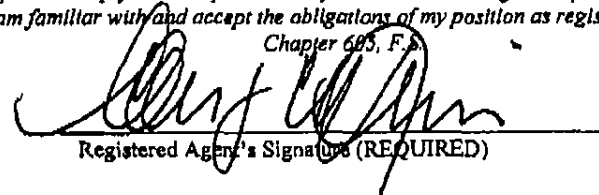
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Alan J. Ciklin, Esq.
Name
515 N. Flagler Drive, 20th Floor
Florida street address (P.O. Box NOT acceptable)
West Palm Beach FL 33401
City 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 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

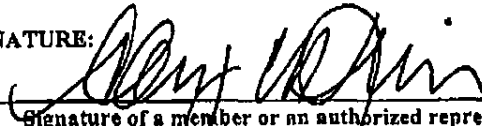
MGRName and Address:Thomas SalicePost Office Box 425Saratoga Springs, New York 12866

(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 606.0203 (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.)

Alan J. Ciklin, Authorized Representative

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)

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA