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PICK-UP	WAIT	
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Certified Copies	_ Certificates	s of Status
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MINECS WILL

JAN 14 2015 BRUCE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Talent Magnet 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:	•		
Cherylann Leader Name of Person			
Talent Magnet Management, LLC Firm/Company			
2852 Ballard Ave			
Address			
Orlando, FL 32833 City/State and Zip Code			
talentmagnetmgmt@gmail.com	i. Lege	28	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	E AHAS	N DEC 3	7
Glenda Leader at (407) 568-1147 Name of Person Area Code Daytime Telephone Number	SEE FLOI	P# ::	m
Enclosed is a check for the following amount:	AIC OB C	1: 50	
☑ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee & Certificate of Status	Status &		

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:	
Talent Magnet Management, LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2852 Ballard Ave Orlando, FL 32833	2852 Ballard Ave Orlando, FL 32833
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.) The name and the Florida street address of the registered a	legistered Agent. You must designate an individual or)
Glenda Leader Name	
2852 Ballard Ave Florida street address (P.O. Box 1	NOT acceptable)
<u>Orlando</u> City	FL 32833 Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	So

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Cherylann Leader
	2852 Ballard Ave
	Orlando, FL 32833
AMOD	Clanda Landas
AMBR	Glenda Leader
	2852 Ballard Ave
	Orlando, FL 32833
AMBR	Janelle Jordan
7 WHO I	639 Garden Walk Blvd, #102
	College Park, GA 30349
	College Laik, Ort 300+3
	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 d
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ARTICLE IV-