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## COVER LETTER

TO:	Registration Section Division of Corporations	`*	·
SUBJI	Magnolia Services, LLC		
SUBJI		e of Limited Liab	ility Company
The en	closed Articles of Organization and fo	ee(s) are submitte	ed for filing.
Please	return all correspondence concerning	this matter to the	e following:
	Guadalupe Wheeler		
		Name e	of Person
	Magnolia Services, LLC		
		Firm/C	Company
	241 East Sixth Avenue		
		Ado	iress
	Tallahassee, FL 32303		
	Luwhee7472@gmail.com	City/State a	nd Zip Code
		oe used for future	annual report notification)
For furth	ner information concerning this matter	, please call:	
	Lupe Wheeler	850 at (	545-1245
	Name of Person	Area Code	Daytime Telephone Number
Enclose	ed is a check for the following amoun	t:	
<b>\$125</b> .0	90 Filing Fee \$130.00 Filing Fe Certificate of Sta	<sub>itus</sub>	.00 Filing Fee & \$160.00 Filing Fee, fied Copy nal copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address
	New Filing Section Division of Corporations		New Filing Section Division of Corporations
	P.O. Box 6327		Clifton Building
	Tallahassee, FL 32314		2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGA	ANIZATION FOR FLORIDA I	LIMITED LIABILITY COM	
ARTICLE I - Name: The name of the Limited Liability Com	npany is:		15 JUL 21 PM 12:29
Magnolia Home +	- Office Serv	ices, LLC	Astrono Com
(Must end with th	e words "Limited Liability (	Company, <sup>k</sup> L.L.C.," or "LL	LC.")
<b>ARTICLE II - Address:</b> The mailing address and street address	of the principal office of the	Limited Liability Compan	ny is:
Duly shoul Offi		N 111-	

Principal Office Address:	<u>Maining Address</u> :
241 East Sixth Avenue	
Tallahassee, FL 32303	

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:

Thurman Law Firm, PLLC c/o D. Christine Thurman, Esq.

Name

241 East Sixth Avenue

Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32303

City State 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)

Page 1 of 2

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V: Effective date, if other than the date of filing:ive date is listed, the date must be specific and catiling.) e date inserted in this block does not meet the applicates effective date on the Department of State's reconstitution.	icable statutory filing requirements, this date will no
V: Effective date, if other than the date of filing:ive date is listed, the date must be specific and ca illing.)  date inserted in this block does not meet the applint's effective date on the Department of State's recover.  Other provisions, if any.  COUIRED SIGNATURE:  Signature of a member or an This document is executed in accord	authorized representative of a member. ance with section 605.0203 (1) (b), Florida Statutes.
V: Effective date, if other than the date of filing:	authorized representative of a member. ance with section 605.0203 (1) (b), Florida Statutes. submitted in a document to the Department of State
V: Effective date, if other than the date of filing:	authorized representative of a member. ance with section 605.0203 (1) (b), Florida Statutes. I submitted in a document to the Department of State revided for in s.817.155, F.S.
V: Effective date, if other than the date of filing:	authorized representative of a member. ance with section 605.0203 (1) (b), Florida Statutes. submitted in a document to the Department of State