

L1500035048

Florida Department of State
Division of Corporations
Electronic Filing Worksheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000192669 3)))



H150001926693ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : SUPERBIZ.COM, INC.
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (305) 675-2811

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO. MAGICAL JUMP LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

AUG 10 2015

S. GILBERT

RECEIVED
15 AUG 10 PM 1:35
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

H15000192669 3

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I NAME

The name of the Limited Liability Company is:

MAGICAL JUMP LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

200 HATTERAS AVENUE

CLERMONT, FLORIDA 34711

ARTICLE III PURPOSE

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV REGISTERED AGENT

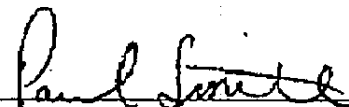
The name and the Florida street address of the registered agent are:

SUPERBIZ REGISTERED AGENT, INC.

2761 VISTA PARKWAY, STE E4

WEST PALM BEACH, FLORIDA 33411

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.

x 

SUPERBIZ REGISTERED AGENT, INC. / Registered Agent's signature

H15000192669 3

H15000192669 3

PAGE 2 MAGICAL JUMP LLC

ARTICLE V

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

AUTHORIZED MEMBER
PAUL HEIDORN
318 E CHESTER STREET
MINNEOLA, FLORIDA 34715

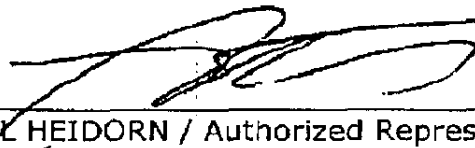
AUTHORIZED MEMBER
RICHARD HEIDORN
909 S MAIN AVENUE
CLERMONT, FLORIDA 34715

AUTHORIZED MEMBER
JOLENE HEIDORN
318 E CHESTER STREET
MINNEOLA, FLORIDA 34715

AUTHORIZED MEMBER
PAULA HEIDORN
909 S MAIN AVENUE
CLERMONT, FLORIDA 34715

.....

X



PAUL HEIDORN / Authorized Representative's signature

(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.)

H15000192669 3