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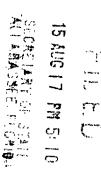
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Magical City Destinations 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:
Leslie Miller
Name of Person
Magical City Destinations, LLC Firm/Company
8131 VinEland Rd. # 123
Driando, FL 32821  City/State and Zip Code  Les I.e. Make 1+ yours @ g mail. com  E-mail address: (to be used for fundre annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & S160.00 Filing Fee & Certificate of Status (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing 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 Co	ompany is:			
Must end with	the words "Limited Lin	y DEST	nations, l	LC
ARTICLE II - Address: The mailing address and street addre	ss of the principal offic	e of the Limited Liab	ility Company is:	
Principal O	ffice Address:		Mailing Address	<u>3</u> :
8131 Vinelar Driando, EL	32821	3		
ARTICLE III - Registered Agent, I (The Limited Liability Company can another business entity with an active	not serve as its own Rep			idual or
The name and the Florida street addr	ess of the registered age	ent are:		
	LESLIE	M.IER		
	N:	ame		
	8131 Vine	land Rd	£ 123	
	lorida street address (P			
	Drlando	FL	32821	
<del></del>	Dr lando City	State	Zip	
Having been named as registered agent place designated in this certificate, I het further agree to comply with the provist am familiar with and accept the obligat	reby accept the appoint ions of all statutes relati tions of my position as r	ment as registered ag ng to the proper and egistered agent as pro	ent and agree to act in t complete performance o ovided for in Chapter 60	his capacity. I of my duties, and I
	Registered	Agent's Signature (l	REQUIRED)	
	(0	CONTINUED)		5
		Page 1 of 2		AUG 17 PM 5:

13) Vineland. Rd. #123 Prlando, EL 32821
13) VINELAND, Ed. #/23° Plando, EL 32821
71anab, NL 32821
1
8/12/2015 (OPTIONAL)
ords.
uthorized representative of a member.
nce with section 605.0203 (1) (b), Florida Statutes, submitted in a document to the Department of State wided for in s.817.155, F.S
inted name of signee
Fees:
z Fees: d Designation of Registered Agent
d Designation of Registered Agent

ARTICLE IV-