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T. SCOTT



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COVER LETTER

	Registration Section Division of Corporations
SUBJEC	Crystal Magick LLC
SUBJEC	Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
	Denia London
	Name of Person
	Crystal Magick LLC
	Firm/Company
	4219 SW 5th Ave
	Address
	Gainesville, Florida 32607
	City/State and Zip Code
	denialondon@cox.net
	E-mail address: (to be used for future annual report notification)
or further	information concerning this matter, please call:
	Denia London 352 562-5838
	Name of Person Area Code Daytime Telephone Number
Enclosed i	is a check for the following amount:
]\$125.00 F	Siling Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

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

Street Address

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	Company is:			
Crystal Magic, LLC	yith the words "I imited	I Lighility Con	npany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address		-		
<u>Principa</u>	l Office Address:		Mailing Address:	
4219 SW 5th Ave Gai	inesville, Florida 3260	7	4219 SW 5th Ave Gainesville, Florida 3260	:
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac The name and the Florida street ac	cannot serve as its own ctive Florida registration	Registered Agon.)	Agent's Signature: gent. You must designate an individual or	
•	Denia London			
		Name		
	4219 SW 5th Ave			
	Florida street addres	s (P.O. Box N	OT acceptable)	
	Gainesville	Florida	32607	
	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)

(CONTINUED)

Page 1 of 2

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red representative of a member. In section 605.0203 (1) (b), Florida Statutes
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red representative of a member. In section 605.0203 (1) (b), Florida Statutes and in a document to the Department of State
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