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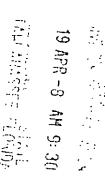
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COVER LETTER

	ng Section of Corporations
SUBJECT: M	Magnolia Partnership LLC Name of Limited Liability Company
30b//.e1	Name of Limited Liability Company
The enclosed Artic	cles of Organization and fee(s) are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
	Karen E. West Name of Person
	Name of Person
	Firm/Company
	603 Carlisle Drive
	Audicas
<u> </u>	-utz, Florida 33548
_	City/State and Zip Code Magnolia P LLC1@ gmail.com E-mail address: (to be used for future annual report notification)
For further informat	ion concerning this matter, please call:
Adi	1 Boland at (813) 943-1986
	Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:
\$125.00 Filing Fed	S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
]	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building
•	Tallahassee, Fl. 32314 2661 Executive Center Circle Tallahassee, Fl. 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Magnolia Partnershi (Must contain the words "Limited Liabili	p LLC
(Must contain the words "Limited Liabili	ty Company, "L.L.C" or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of	f the Limited Liability Company is:
Principal Office Address:	Mailing Address:
603 Carlisle Drive	603 Carlisle Drive
LU+z. FL 33548	LUTZ, FL 33548

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:

ARTICLE I - Name:

Kareu.	E. West	
603 Car	lisle Drive	e
Florida street addres	s (P.O. Box <u>NOT</u> a	ecceptable)
Lutz	FL	33548
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)

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR	Karen E West	
	603 Carlisle Drive Lutz, FJ 33548	
AMBR_	Adil R. Boland	
	Lutz, FL 33548	
		_ _
(Use attachment if necessary)		
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