

L190000096866

(Requestor's Name)

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(Business Entity Name)

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K. PAGE

APR 16 2019



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19 APR -8 AM 9:30  
FILED  
MAR 27 2019  
MAR 27 2019

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Magnolia Partnership 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:

Karen E. West

Name of Person

Firm/Company

603 Carlisle Drive

Address

Lutz, Florida 33548

City/State and Zip Code

Magnolia PLLC1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adil Boland

Name of Person

at (

813

Area Code

943-1986

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☒

\$130.00 Filing Fee &  
Certificate of Status

☐

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐

\$160.00 Filing Fee,  
Certificate of Status &  
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:

Magnolia Partnership LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

603 Carlisle Drive  
Lutz, FL 33548

Mailing Address:

603 Carlisle Drive  
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:

Karen E. West

Name

603 Carlisle Drive

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

Lutz

City

FL

State

33548

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..*

Karen E West

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
19 APR -8 AM 9:30  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

**Name and Address:**

Karen E. West  
603 Carlisle Drive  
Lutz, FL 33548

Adil R. Boland  
603 Carlisle Drive  
Lutz, FL 33548

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Karen E. West

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Karen E. West

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED  
19 APR -8 AM 9:30  
TALLAHASSEE, FLORIDA