Division of Corporations

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	Fax Number	: (850)617-6381	÷ >	707!	
From:				33	ni r
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	37	9	œ.
	Account Number	: 12 0000 000019		ı	7.
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**Ente	er the email addr	ess for this business entity to be used for t	futurë] 😽	ယ်	
	annual report ma	ilings. Enter only one email address please.*	• '	ည	

FLORIDA LIMITED LIABILITY CO. MAGICK MAINTENANCE AND REPAIR LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Email Address:

ARTICLE I - Name:

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

The name of the Limited Liability Company is:	
Magick Maintenance and Repair	LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited L Company is:	iability
15231 SW 80+ St AP+ 212	
Miami FL.	3
33193	noi SEP
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) Creco Marcell Avila	
15231 SW 80th ST Apt 21?	
Miami F1 33193	
ARTICLE IV The name and title of each person authorized to manage and control the Limit Liability Company: (MGR or AMBR)	
GRECCO MARCEIL AVILA (AMBR)	
(AMBR)	

Required Signatures:

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

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 legrein 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.

Typed or printed name of signee

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)