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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Elizabeth.crane@gray-robinson.com ← ADD

FLORIDA LIMITED LIABILITY CO.**MAGIC WINGDOM 12, LLC**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$125.00

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ESTATE PLANNING
ATTORNEY

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

22 AUG 10 PM 12:35

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ATTORNEY

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I
Name

The name of this Limited Liability Company is: **MAGIC WINGDOM 12, LLC**

ARTICLE II
Address

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

3203 Lawton Road, Suite 151
Orlando, FL 32803

ARTICLE III
Purpose

This Limited Liability Company is organized for the purposes of any lawful business under Chapter 605, Florida Statutes.

ARTICLE IV
Management

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

Manager: Charles Soderstrom, 3203 Lawton Road, Suite 151, Orlando, FL 32803

ARTICLE IV
Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

SodaWing, LLC
3203 Lawton Road, Suite 151
Orlando, FL 32803
Attn: Charles Soderstrom

22 AUG 10 PM 12: 35
SODAWING, LLC
1010 LAWTON ROAD
ORLANDO, FL 32803
FILED

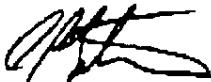
Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, the undersigned hereby accepts this appointment and agrees to act in

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this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the obligations of the undersigned's position as registered agent, as provided for in Chapter 605, Florida Statutes.

REGISTERED AGENT'S SIGNATURE



Charles Soderstrom

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 herein 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 in Section 817.155, Florida Statutes.

AUTHORIZED REPRESENTATIVE'S SIGNATURE



Charles Soderstrom, Authorized Representative

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SHERIFF'S OFFICE
TALLAHASSEE, FLORIDA

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