

Florida Department of State
 Division of Corporations
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L23000428315

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To:

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

From:

Account Name : GERALD WEINBERG, P.C.
 Account Number : I20030000043
 Phone : (800)342-9856
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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RECEIVED
 2023 SEP 13 PM 12:06
 CORPORATIONS
 DIVISION

**FLORIDA LIMITED LIABILITY CO.
 MAGNOLIA CREEK HOLDING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2023 SEP 13 PM 8:07

AA



September 6, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GERALD WEINBERG, P.C.

SUBJECT: MAGNOLIA CREEK HOLDING COMPANY, LLC
REF: W23000120204

We have received your document for MAGNOLIA CREEK HOLDING COMPANY, LLC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You have submitted the document and fees to form a Florida limited liability company; however, your name implies you wish to form a corporation. The name of a limited liability company cannot contain a corporate suffix. Corp., Corporation, Company, Co., Incorporated, and Inc. are all corporate suffixes. The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC."

Please correct the suffix or, if you wish to form a corporation, submit Articles of Incorporation. Any fees previously submitted with your limited liability company filing will be applied to your corporate filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Monique K Anderson
Regulatory Specialist II

FAX Aud. #: H23000307873
Letter Number: 123A00020494

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MAGNOLIA CREEK HOLDING LLC

(Must end with 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:

Mailing Address:

JOHN MARTINOS

901 PINEBROOK CT.

PONTE VEDRA BEACH, FL 32082

JOHN MARTINOS

901 PINEBROOK CT.

PONTE VEDRA BEACH, FL 32082

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:

JOHN MARTINOS

Name

352 MAGNOLIA CREEK WALK

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

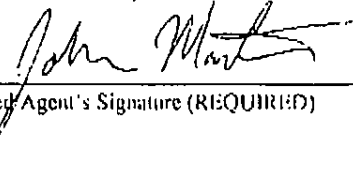
PONTE VEDRA

City

FL 32081

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)

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

Name and Address:

JOHN MARTINOS

352 MAGNOLIA CREEK WALK

PONTE VEDRA, FL 32081

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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 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 for in s.817.155, F.S.)

JOHN MARTINOS

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)