Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown helow) on the top and bottom of all pages of the document.

(((H240000760513)))



H240000760513ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email Address:

FLORIDA LIMITED LIABILITY CO. MAGNOLIA PSL LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help



85:4 1:9 0 c33""

ARTICLES OF ORGANIZATION

FOR

MAGNOLIA PSL LLC

<u>ARTICLE I - NAME</u>

The name of the Limited Liability Company is:

MAGNOLIA PSL LLC

ARTICLE II - ADDRESS

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

16383 67th Court, N Loxanatchee, Florida 33470

ARTICLE III - BUSINESS PURPOSE

The purpose of the Limited Liability Company is to engage in any lawful act or activity for which the limited liability companies may be formed under the Florida Revised Limited Liability Company Act of the State of Florida (the "Act").

ARTICLE IV -MANAGEMENT OF BUSINESS

The name and address of the Manager of this Limited Liability Company is:

NAME Jaime Garcia Chavez

ADDRESS 16383 67th Court N Loxahatchee, Florida 33470 IN FEB 26 PH 12: 43
ECRETARY OF STATE LANASSEE, FLORID!

The business of this Limited Liability Company shall be managed by the manager in a meeting, or by written consent without a meeting. Jaime Garcia Chavez is hereby appointed as Manager to carry out, subject to the direction of members, the day to day business of this Limited Liability Company.

DocuSign Envelope ID: 773699D8-69E6-4FAB-ABBF-16B7451AEBA4

ARTICLE V – REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent is:

Jaime Garcia Chavez 16383 67th Court N Loxahatchee, Florida, 33470

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.

Jaime Garcia Chavez., Registered Agent

ARTICLE VI - AMENDMENTS

These articles may be amended from time to time by a unanimous written consent of all the members, and the amendment shall be filed, duly signed by all members of this Limited Liability Company, with the Florida-Department of State.

(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.)

-DocuSigned by:

Jaime Garcia Chavez