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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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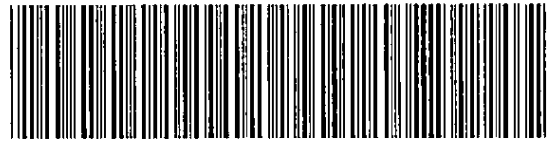
(Business Entity Name)

(Document Number)

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LLC

1. MAGNOLA MANOR FARM, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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TALLAHASSEE
FLORIDA

KLEIN & KLEIN, LLC

Attorneys at Law
40 Southeast 11th Avenue
Ocala, Florida 34471

HARVEY R. KLEIN (1922-2003)
H. RANDOLPH KLEIN
FRED N. ROBERTS, JR.
LAWRENCE C. CALLAWAY, III
AUSTIN T. DAILEY

PHONE (352) 732-7750
FAX (352) 732-7754

**TO: Registration Section
Division of Corporation**

RE: MAGNOLA MANOR FARM, LLC

The attached Articles of Organization and fees are submitted for filing.

The following is the email address for the LLC:

bwendell@blueribbonrental.com

For further information concerning this matter, please call

Joyce Henry at (352) 732-7750

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STATE OF FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is: **MAGNOLIA MANOR FARM, LLC**

ARTICLE II - Address:

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

Principal Office Address:

**5444 Stow Road
Hudson, Ohio 44235**

Mailing Address:

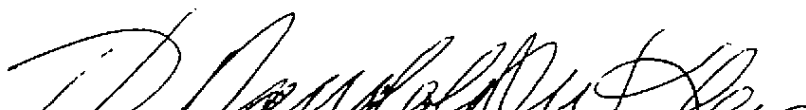
**5444 Stow Road
Hudson, Ohio 44235**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

**H. RANDOLPH KLEIN
40 Southeast 11th Avenue
Ocala, FL 34471**

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, Florida Statutes.



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STATE OF FLORIDA

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ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

Name and Address:

“MGR”

**William M. Wendell
5444 Stow Road
Hudson, Ohio 44235**

REQUIRED SIGNATURE:

DocuSigned by:

William M. Wendell

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 in s.817.155, F.S.

WILLIAM M. WENDELL

Typed or printed name of signee

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