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DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32309
FAX: (904) 922-4000

SUITE 200
MIAMI FL 33136- 301-
CONTACT: RAY STORMONT
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FAX: (305) 541-3770

((H95000003329))

DOCUMENT TYPE: LIMITED LIABILITY COMPANY

NAME: MAGNA INVESTMENTS, L.C.

FAX AUDIT NUMBER: H95000003329

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** ENTER 'M' FOR MENU. **
ENTER SELECTION AND <CR>:
Help F1 Option Menu F2

NUM GAPS Connect: 00:05:41

Handwritten signature and date 3/23/95

ARTICLES OF ORGANIZATION
OF
MAGMA INVESTMENTS, L.C.
A FLORIDA LIMITED LIABILITY COMPANY

①

WE, the undersigned, for the purpose of forming a limited liability company for profit pursuant to the Florida Limited Liability Company Act, Chapter 608 of the Florida Statutes, do hereby make, subscribe, acknowledge and file the following Articles of Organization:

ARTICLE I
NAME

The name of this limited liability company shall be: MAGMA INVESTMENTS, L.C.

ARTICLE II
PRINCIPAL OFFICE

The mailing address and street address of the initial principal office of this limited liability company in the State of Florida are:

815 N. Red Road
Suite 400
Miami, Florida 33126

ARTICLE III
DURATION

This limited liability company shall have perpetual existence from the date of the filing of these Articles of Organization with the Florida Department of State, unless earlier terminated as allowed by law.

ARTICLE IV
POWERS

This limited liability company shall have the authority and power to engage in any activity or business permitted under the laws of the United States and of the law of the State of Florida, and the law of any other jurisdiction wherein it may conduct business. This limited liability company may conduct business within or without the State of Florida anywhere in the world that it may so select.

ARTICLE V
MANAGEMENT

This limited liability company is to be managed by one (1) manager initially, who shall be responsible for the management of

RECORDED BY:
Norman Leopold, Esquire
LEOPOLD & LEOPOLD, P.A.
20601 Biscayne Blvd., 501
Aventura, FL 33180
Florida Bar No. 163308

Page 1

\\WORK\GROUP\MAGMA\144\ARTS-ORG.1

NORMAN LEOPOLD, ESQ.
20601 BISCAYNE BLVD. # 501
AVENTURA, FL 33180
FL. BAR NO. 163308
(305) 935.3500

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this limited liability company. The members may, from time to time and at any time, raise or lower the number of managers of this limited liability company by so providing by written agreement of the members holding one hundred percent (100%) ownership interests in this limited liability company. The initial manager and his street address are as follows:

NAME

Louis O. Gonzalez

ADDRESS

015 N. Nrd Road
Suite 400
Miami, Florida 33126

ARTICLE VI
ADDITIONAL MEMBERS

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be: new members may be admitted from time to time, and upon such terms and conditions, as shall be determined by a unanimous vote of the Members.

ARTICLE VII
MEMBERS' RIGHT TO CONTINUE BUSINESS

The remaining members of this limited liability company shall have the right to continue the business upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of any other member of this limited liability company, or upon the occurrence of any other event which would terminate the continued membership of a member in this limited liability company.

We, the undersigned, being the initial subscribers and members of these Articles of Organization for the purpose of forming a limited liability company pursuant to Chapter 606 of the Florida Statutes, to do business both within and without the State of Florida, do make, subscribe, acknowledge and file these Articles of Organization, hereby declaring and certifying that the articles herein stated are true and accordingly, hereunto set our hands and seals this 17th day of March, 1995.

ELIZABETH PROPERTIES, INC., a
Florida corporation

By: [Signature]
Name: Louis O. Gonzalez
Title: President

[Signature]
Louis O. Gonzalez

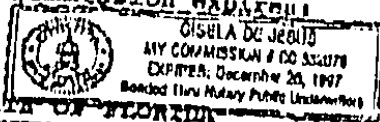
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STATE OF FLORIDA
COUNTY OF DADE

The foregoing instrument was acknowledged before me this 17
day of March, 1998, by LOUIS O. GONZALEZ as President of HILKAMATH
PROPERTIES, INC., a Florida corporation, on behalf of the
corporation, who is personally known to me or produced
as identification.

My commission expires:



STATE OF FLORIDA
COUNTY OF DADE

The foregoing instrument was acknowledged before me this 17
day of March, 1998, by Louis O. Gonzalez, who is personally known
to me or who produced _____ as identification.

My commission expires:



Gisela de Jesus
Notary Public, State of Florida
GISELA DE JESUS
Print name of notary public

Gisela de Jesus
Notary Public, State of Florida
GISELA DE JESUS
Print name of notary public

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1. The name of the limited liability company is: MAGNA INVESTMENTS, L.C.

Loelin Gonzalez Smith
815 W. Red Road
Suite 400
Miami, Florida 33126

Lamelle Connelley Smith

Date: March 17, 1995

WORK DONE POLYMERIZATION; 22/1/75; 1000.0

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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

THE UNDERSIGNED member or authorized representative of a member of HANNA INVESTMENTS, L.O. deposes and says:

1. The above named limited liability company has at least two (2) members.

2. The total amount of cash contributed by both members is \$ 50,000.00.

3. If any, the agreed value of property other than cash contributed by the members is \$ 0.00. A description of the property is attached hereto and made a part hereof.

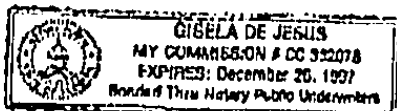
4. The total amount of cash or property anticipated to be contributed by members is \$ 50,000.00. This total includes amounts from 2 and 3 Above.

Louis O. Gonzalez
LOUIS O. GONZALEZ

STATE OF FLORIDA
COUNTY OF DADE

The foregoing instrument was acknowledged before me this 17 day of March, 1995, by LOUIS O. GONZALEZ, who is personally known to me or who produced identification. AS

My commission expires:



Gisela de Jesus
Notary Public, State of Florida
GISELA DE JESUS
Print name of notary public

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NOTARY PUBLIC, STATE OF FLORIDA

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

THE UNDERSIGNED member or authorized representative of a member of NACMA INVESTMENTS, L.C. deposes and says:

1. The above named limited liability company has at least two (2) members.

2. The total amount of cash contributed by both members is \$ 50,000.00.

3. If any, the agreed value of property other than cash contributed by the members is \$ - 0 -. A description of the property is attached hereto and made a part hereof.

4. The total amount of cash or property anticipated to be contributed by members is \$ 50,000.00. This total includes amounts from 2 and 3 Above.

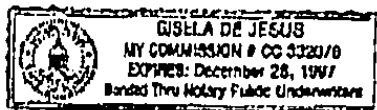
ELIZABETH PROPERTIES, INC., a Florida corporation

By: [Signature]
Name: LOUIS O. GONZALEZ
Title: President

STATE OF FLORIDA
COUNTY OF DADE

The foregoing instrument was acknowledged before me this 17 day of March, 1995, by LOUIS O. GONZALEZ as President of ELIZABETH PROPERTIES, INC., a Florida corporation, on behalf of the corporation, who is personally known to me or produced _____ as identification.

My commission expires:



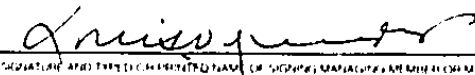
[Signature]
Notary Public, State of Florida
Gisela de Jesus
Print name of notary public

NOTARY PUBLIC, STATE OF FLORIDA

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FILE NOW: Fee after May 1, will be \$263.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortonham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 230.75		Annual Report \$100.00 + \$130.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company MAGNA INVESTMENTS, L.C. 815 NORTH RED ROAD SUITE 400 MIAMI FL 33126		DOCUMENT #L95000000229 1a. Principal Place of Business Address 815 NORTH RED ROAD SUITE 400 MIAMI FL 33126	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business Bldg, Apt #, etc. City & State Zip Country		2a. Mailing Address Bldg, Apt #, etc. City & State Zip Country	
3. Date Organized or Qualified 03/23/1995		3a. State of Formation FL	
4. FEI Number 65-0574485		☐ Applied For ☐ Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired ☐ Additional Fee Required	
7. Name and Address of Current Registered Agent SMITH, LESLIE G 815 NORTH RED ROAD SUITE 400 MIAMI FL 33126		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Bldg, Apt #, etc. 703081873457 -06/24/96--01033--0003 WWW-263.75 WWW-263.75 City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____ DATE _____ (If signed Agent Accepting Appointment) (If signed Agent signature required when registering)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	GONZALEZ, LOUIS O	815 NORTH RED RD. SUITE 40	MIAMI FL
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: 		2/2/96 305-262-6100	

FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra D. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED JUN 20 AM 9:33	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company MAGNA INVESTMENTS, L.C. 815 NORTH RED ROAD SUITE 400 MIAMI FL 33126		DOCUMENT #195000000229			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 03/23/1995 4. FEI Number 65-0574485 5. Date of Last Report 06/17/1996	
				3a. State of Formation FL ☐ Applied For ☐ Not Applicable	
				6. Certificate of Status Desired ☒ No Fee Additional Fee Required	
7. Name and Address of Current Registered Agent SMITH, LESLIE G 815 NORTH RED ROAD SUITE 400 MIAMI FL 33126			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____			DATE _____		
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	GONZALEZ, LOUIS O	815 NORTH RED RD. SUITE 40 MIAMI FL		800002073988--6 -01/30/97--01076--001 ****203.75 ****203.75 	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: _____		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date _____ Daytime Phone # _____			

MAGNA INVESTMENTS, L.C.
815 N. RED ROAD, SUITE 400, MIAMI, FL 33126
TELEPHONE (305) 262-6100 FAX (305) 262-5350

L95 000000 229
August 4, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Ma'am:

This morning, I noticed on your Internet site that Magna Investments, L.C. has the wrong FEI Number on your records. The number it is listed under (65-0574485) is the correct number for Brighton Realty, Inc., which is a related company. The correct number for Magna Investments, L.C. is 65-0569486. Please make the correction for us and send me notification that the correction was made.

Thank you!

Sincerely,



Charles J. Mensch

FEI ONLY

KS^{8/6}