Department of State

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314
SUBJECT: THE MAGI FLAME L.C. (Proposed limited liability company name - must include suffix)
30002323913 -10/20/9701067001 ****293.75 ****293.7
Enclosed is an original and one (1) copy.
Filing fee for articles of organization of Florida Limited Liability Company: \$250.00 Filing fee for Articles of Organization and Affidavit \$250.00 Periodeter of Registered Agent
\$ 35.00 Designation of Registered Agent
A letter of acknowledgment will be issued free of charge upon filing. Please submittan additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50. Please send one check for the total amount made payable to the Florida Department of State.
FROM: SAMANTHA NALD & HEATHER KENNEDY Name (Printed or typed)
5201 ORDUNA DR. #5
CORAL GABLES, FL. 33146
305 - 663 - 0494 Daytime Telephone number

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE MAGI FLAME LC.

ARTICLE II - Address:

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

5201 ORDUNA DR. 45 C.G., FL 33146

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

PERPETUAL

ARTICLE IV - Management: (check and complete the appropriate statement)

FILED 97 OCT 20 PH 1: SECRETARY OF STA TALLAHASSEE, FLOR

The Limited Liability Company is to be managed by a manager or managers arighthe name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

SAMANTHA NALO AND HEATHER KENNEDY 5201 ORDUNA DR. 45 CG., FL 33146

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of	FILED 97 OCT 20 PM SECRETARY OF
1) the above named limited liability company has at least two members	1: 22 STATE LONIDA
2) the total amount of cash contributed by the member(s) is	\$ <u>250</u> .
3) if any, the agreed value of property other than cash contributed by member(s A description of the property is attached and made a part hereto.	s) is \$
4) the amount of cash or property anticipated to be contributed by member(s) is	s \$ <u>250</u> .
5) the total amounts of 2, 3 and 4 is	\$ <u>500</u> .

Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

HAVDEE EL-WARD

MY COMMISSION & CC 554643

EXPIRES: September 19, 2000

Bonded Their Motory Public Underwriters

T.D. NYS 617 LIGH 16 to

Exp 7 (13) 99

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: THE	MACI FLAME L.C.
2. The name and address of the registered agent and office is	97 c SECH TALL/
SAMANTHA NALO (NAME)	FIL 97 OCT 20 SECKETARY ALLAHASSE
5201 ORDUNA DR. #5	PH I:
(P. O. BOX <u>NOT</u> ACCEPTABLE) C.G., FL 33/46	23 IDA
(CITY/STATE/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.

Samontin Solo 10-14-97 (Date)

Filing Fee: \$35 for Designation of Registered Agent