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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 922-4003

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

MAGNOLIA PROPERTIES SOUTH LLC GROUP L.L.C.

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 2, 1998

ALLEN KAT
2919 E. COMMERCIAL BLVD., SUITE A
FORT LAUDERDALE, FL 33308

SUBJECT: MAGNOLIA PROPERTIES SOUTH LLC
REF: W98000024801

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

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Tammi Cline
Document Specialist

FAX Aud. #: H98000020362
Letter Number: 798A00053449

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

MAGNOLIA PROPERTIES SOUTH GROUP L.L.C.

ARTICLE II - Address:

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

2919 EAST COMMERCIAL BLVD STEA
FT. LAUDERDALE, FL. 33308

ARTICLE III - Duration:

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

PERPETUAL

ARTICLE IV - Management:

(check and complete the appropriate statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the 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:

JAMES CHRISTENSON
725 NW 14th TERRACE
FT. LAUDERDALE, FL.

SCOTTY RAGSDALE
1040 NE 15th AVE
FT. LAUDERDALE, FL. 33304

Prepared by: Allen Kat
2919 E. Commercial Blvd., Suite A,
Fort Lauderdale, Fl 33308
(954) 928-0707

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ARTICLE V - Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

NO OTHER MEMBERS SHALL BE ADMITTED, UNLESS SO DESIGNATED
BY THE MEMBERS-MANAGING MEMBERS

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ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

THE L.L.C. SHALL CONTINUE UNTIL THE MANAGING MEMBERS
SPECIFY, AT SOME FUTURE DATE, AN EVENT WHICH WOULD
SPECIFY OTHERWISE.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS


The undersigned member or authorized representative of a member of MAGNOLIA
PROPERTIES SOUTH GROUP L.L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 200.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is
\$ _____. A description of the property is attached and made a part hereof.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is
\$ 500.00. This total includes amounts from 2 and 3 above.

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Signature of a member or authorized representative of a member.
(In accordance with section 601.406(2), Florida Statutes, the execution of this affidavit
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FILING FEE: \$ 250 for Articles of Organization and Affidavit

**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: _____

MAGNOLIA PROPERTIES SOUTH GROUP L.L.C.

2. The name and address of the registered agent and office is:

ALLEN H. KATZ PA

(Name)

2919 EAST COMMERCIAL BLVD. STE A

(P.O. Box not acceptable)

FT. LAUDERDALE, FL. 33308

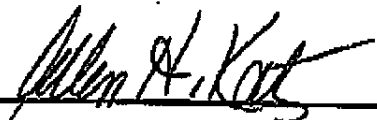
(City/State/Zip)

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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.


(Signature)

10-30-98
(Date)

FILING FEE: \$ 35 for Designation of Registered Agent