

# L990000006701

Requester's Name \_\_\_\_\_

FROM (Company)  
**HOSPITALITY INTL GROUP**

Street Address  
**STE 150 E**

City  
**TAMPA**

State  
**FL**

ZIP CODE (Required)  
**33624**

Sent by (Name/Dept)  
**Penny Huang**

Phone Number  
**813-265-3955**

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. Penny Huang GAVE AUTHORIZATION BY PHONE TO \_\_\_\_\_ (Document #)  
CORRECT effective date  
DATE 10-14-99
3. DOC. EXAM. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)  
600003011906--3  
-10/11/99--01121--009  
\*\*\*\*125.00 \*\*\*\*125.00
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

**EFFECTIVE DATE**

10-5-99

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 OCT 11 AM 11:07

FILED

W99-23697  
00189/00524/00071

Examiner's Initials JB

10-14-99



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

October 14, 1999

HOSPITALITY INTL GROUP  
3903 NORTHDAL BLVD., STE. 150E  
TAMPA, FL 33624

SUBJECT: MAGIC 9, LLC  
Ref. Number: W99000023697

We have received your document for MAGIC 9, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date cannot be more than five business days prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Trevor Brumbley  
Document Specialist

Letter Number: 999A00049557

**ARTICLES OF ORGANIZATION**  
**of**  
**MAGIC 9, LLC**

The undersigned organizer, desiring to form a limited liability company under the Florida Limited Liability Company Act, hereby sets forth the following Articles of Organization:

**ARTICLE**  
**1**

**Name**

The name of the Limited Liability Company is **Magic 9, LLC**.

**ARTICLE**  
**2**

**Address**

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

**3903 Northdale Blvd., Suite 150E**  
**Tampa, Florida 33624**

**ARTICLE**  
**3**

**Registered Agent, Registered Office and**  
**Registered Agent's Signature**

The name and the Florida street address of the Limited Liability Company's initial registered agent for service of process in the State of Florida is:

**Wanda Sexton**  
**5620 E. Fowler Ave., Suite 7**  
**Temple Terrace, Florida 33617**

**FILED**  
**99 OCT 11 AM 11:07**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

*Having been named as registered agent and to accept service of process for the above-stated Limited Liability Company at the place designated in these Articles of Organization, 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 608 of the Florida Statutes.*

  
Wanda Sexton

#### ARTICLE

##### 4

#### Management

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company.

#### ARTICLE

##### 5

#### Effective Date of Existence

The effective date of the limited liability company's existence is ~~October 5, 1999.~~ **October 6, 1999.**

#### ARTICLE

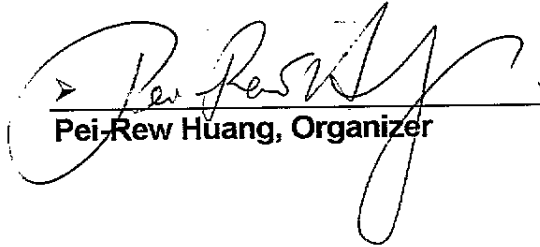
##### 6

#### Date of Dissolution

The limited liability company has no specific date of dissolution.

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TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned has duly executed these Articles of Organization as of the 1<sup>st</sup> day of **October, 1999**, and hereby acknowledges and agrees that, pursuant to Section 608.408(3) of the Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
Pei-Rew Huang, Organizer

I certify that the foregoing  
document was prepared by

  
Wanda Sexton

Paper Chase Accounting  
Wanda Sexton  
5620 E. Fowler Ave., Suite 7  
Temple Terrace, Florida 33617

Telephone: (813) 983-0995  
Fax: (813) 983-9835

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