

12/15/22, 11:18 AM

Division of Corporations

L22000533512

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000421847 3)))



H220004218473ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

SECRETARY OF STATE  
ALL HASSEEL FLORIDA  
AH10:27

FILED

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: matthew.mesmer@onearchwell.com

FLORIDA LIMITED LIABILITY CO.  
M&G - Chews, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Requesting the original filing date of 12/15/22

2022-12-22 PM 4:34

Electronic Filing Menu Corporate Filing Menu

T. BURCH  
Help  
DEC 27 2022

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

M&G - Chews, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2950 W. Cypress Creek Rd., Ste. 302,  
Ft. Lauderdale, FL 33309

2950 W. Cypress Creek Rd., Ste. 302  
Ft. Lauderdale, FL 33309

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

C T Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box **NOT** acceptable)

Plantation

Florida

33324

City

State

Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

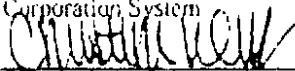
AM 10:27

FILED

*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, F.S.*

C T Corporation System

By:



Registered Agent's Signature (REQUIRED)

**Christine Kelm**  
**Assistant Secretary**

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR \_\_\_\_\_

M&G – PropCo, LLC  
2950 W. Cypress Creek Rd., Ste. 302  
Ft. Lauderdale, FL 33309

AMBR \_\_\_\_\_

M&G – PropCo, LLC  
2950 W. Cypress Creek Rd., Ste. 302  
Ft. Lauderdale, FL 33309

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

FILED  
15 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE V: Effective date, if other than the date of filing, \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



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 for in s.817.155, F.S.

Matthew J. Mesmer \_\_\_\_\_

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)