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(Requestor's Name) (Address) (Address)	800089237268	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	03/01/0701026017 **125.00	
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	SECRETARY OF STATE TALLAHASSEE, FLORIDA	

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: MGAN, LLC		
(Name of Limited Liability Company)		
SUBJECT: MGAN, LLC (Name of Limited Liability Company) The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Alex Nemiroff (Name of Person)		
Please return all correspondence concerning this matter to the following:		
Alex Nemiroff		
(Name of Person)		
MGAN, LLC		
(Firm/Company)		
1330 West Avenue, Apt. 707		
(Address)		
Miami Beach, FL 33139		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Michael Gordon at (312) 804-2220		
Michael Gordon at (312) 804-2220 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$130.00 Filing Fee \$ \$155.00 Filing Fee \$ \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
Mailing Address Street/Courier Address Registration Section Registration Section		

Division of Corporations

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

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLA	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	表表 1
	7/22/117
MGAN, LLC EFFECTI	VE DATE 2/22/1/ So So
(Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	D.
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Timelpar Office Address,	maning Address.
1330 West Avenue, Suite 707	1330 West Avenue, #707
Miami Beach, FL 33139	Miami Beach, FL 33139
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Fiorida street address of the registration.	ered Agent. You must designate an individual or another
Alex Nemiroff	
Name	
1330 West Avenue, Apt	. 707
	ress (P.O. Box NOT acceptable)
Miami Beach, FL 33139	FL
City, State, and	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Alex Nemiroff
	1330 West Avenue, Apt. 707 Miami Beach, FL 33139
MGRM	Michael Gordon 635 N Dearborn St Unit 706
	Chicago, IL 60610
<u> </u>	·

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: FEGRUARY 22, 2007. (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.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

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

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)