

107 0000 38870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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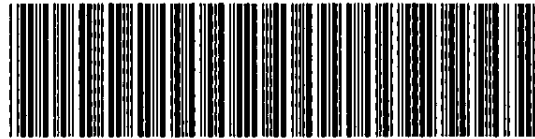
(Business Entity Name)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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MASCH & Company

Requestor's Name

5069 S. UNIVERSITY DRIVE

Address

DAVIE FL 33328

City

State

ZIP

Phone

(954) 680. 2311C.

CORPORATION(S) NAME

M & G ENERGY, LLC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Empire Toll Free: 1-800-432-3028

( ) Profit

( ) NonProfit

( ) Amendment

( ) Merger

( ) Foreign

( ) Dissolution

( ) Mark

( ) Limited Partnership

( ) Annual Report

☒ Other **LLC**

( ) Reinstatement

( ) Reservation

( ) Change of Registered Agent

☒ Certified Copy

( ) Photo Copies

( ) Certificate Under Seal

( ) Call When Ready

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( ) After 4:30

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Acknowledgment

W.P. Verifier

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I – Name:

The name of the Limited Liability Company is:

M & G ENERGY, LLC

### ARTICLE II – Address:

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

3619 NE 207 Street, Apt 2100  
Aventura, Florida 33180

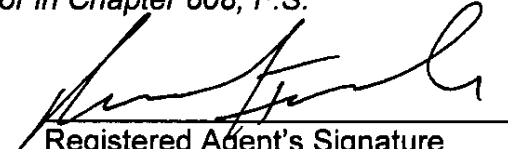
### ARTICLE III – Registered Agent, Registered Office & Registered Agent's signature:

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

Michael Ifrah  
3619 NE 207 Street, Apt 2100  
Aventura, Florida 33180

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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 as provided for in Chapter 608, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature

### ARTICLE IV – Management (Indicate if applicable.)

\_\_\_\_\_. If checked, the Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager – managed company.

  
\_\_\_\_\_  
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.)

Michael Ifrah  
\_\_\_\_\_  
Typed or printed name of signee