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SECRETARY OF STATE
DIVISION OF CORPORATION

COVER LETTER •

TO:	Registration S Division of Co			4. ,
SUBJ	ECT: MG Suc	ccess Services, LLC.		
		Name of Limit	ted Liability Company	TAR
The er	nclosed Articles o	of Organization and fee(s) are	submitted for filing.	ે
Please	return all corresp	oondence concerning this mat	ter to the following:	
	Mauricio E. G	arcia		
			Name of Person	
	MG Success	Services, LLC.		
			Firm/Company	
	265 Sandpipe	er Dr.	·	
			Address	
	Casselberry,	FL, 32707-4011		
		Cit	ty/State and Zip Code	·
	MG.Success.	Services@gmail.com	for future annual report notification)	
For fu	rther information	concerning this matter, please	·	
Maur	icio E. Garcia		at (407) 696-4998	
	Name	of Person	Area Code & Daytime Telep	hone Number
Enclo	sed is a check for	or the following amount:		
□\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Cr Tallahassee, FL 32301	irele

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION F	OR FLORIDA LIVILLED LIABILIT I COVIFAN
ARTICLE I - Name:	بر ب
The name of the Limited Liability Comp	· / /
MG Success Services, LLC.	
(Must end with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
265 Sandpiper Dr.	P.O. Box 196061
Casselberry, FL, 32707-4011	Winter Springs, FL
	32719-6061
	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:
Mauricio E. Garcia	Name
	Name
265 Sandpiper Dr.	
Florida s	treet address (P.O. Box NOT acceptable)
Casselberry	FL 32707-4011
	City, State, and Zip

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

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 Memb	Name and Address:				
Juan R. Garcia (MGRM)	3729 Lake Orlando Pkwy. Orlando, FL 32808-3054				
Roselia C. Mir (MGRM)	9809 Pinay Point Circle Orlando, FL 32825				
Alex G. Garcia	850 Paloma Ave. Sanford, FL 32773				
Mauricio Garcia Escobar	265 Sandpiper Dr. Casselberry, FL. 32707-4011				
(Use attachment if necessary)					
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.)					
REQUIRED SIGNATURE:					
100					
Signature of a member of 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.)					
Mauricio E. Garcia 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)