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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.

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GFB TAX SERVICE LLC
Account Number : I20120000047
Phone : (754) 246-6160
Fax Number : (954) 510-2072

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

Email Address: _____

2013 APR - 3 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MX13 LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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13 APR - 3 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13-45588

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **MX13 LLC**

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GASTON BELEN, CPA

Name of Person

GFB TAX SERVICE LLC

Firm/Company

6303 BLUE LAGOON DRIVE SUITE 400

Address

MIAMI, FL 33126

City/State and Zip Code

GASTONBELEN@GFBTAXSERVICE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GASTON BELEN at (**754**) **246-6160**

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E062 (08/05)

FILED
2013 APR -3 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:

MX13 LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

**FORGOT TO ADD MGR TO INITIAL FILING
MGR GASTON BELEN**

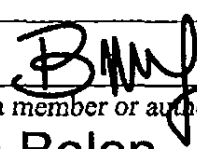
6303 BLUE LAGOON DRIVE SUITE 400. MIAMI, FL 33126

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: April 03, 2013


Signature of a member or authorized representative of a member
Gaston Belen

Typed or printed name of signee

Filing Fee: **\$25.00**
Certified Copy: **\$30.00 (optional)**

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L13000045588
FILED 8:00 AM
March 27, 2013
Sec. Of State
Isellers**

Article I

The name of the Limited Liability Company is:

MX13 LLC

Article II

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

6303 BLUE LAGOON DRIVE
SUITE 400
MIAMI, FL. US 33126

The mailing address of the Limited Liability Company is:

6303 BLUE LAGOON DRIVE
SUITE 400
MIAMI, FL. US 33126

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

GFB TAX SERVICE LLC
6303 BLUE LAGOON DRIVE
SUITE 400
MIAMI, FL. 33126

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.

Registered Agent Signature: GASTON BELEN

Article V

The name and address of managing members/managers are:

Title: MGRM
MASTERTEC S.A.
C/O GFB TAX 6303 BLUE LAGOON DRIVE STE 400
MIAMI, FL. 33126 US

L13000045588
FILED 8:00 AM
March 27, 2013
Sec. Of State
Isellers

Article VI

The effective date for this Limited Liability Company shall be:

03/27/2013

Signature of member or an authorized representative of a member

Electronic Signature: GASTON BELEN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.