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| (Requestor's Name) | _ |
|---|---|
| (Address) | _ |
| (Address) | - |
| (City/State/Zip/Phone #) | _ |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | _ |
| (Document Number) | _ |
| Certified Copies Certificates of Status | _ |
| Special Instructions to Filing Officer: |] |
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SECRETARY OF STATE

2014 APR 10 PM 4: 05

K.SALY EXAMINER APR 1 0 2014

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: MG RESOURCES, 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: |
| JORDAN GREENFIELD Name of Person |
| JM G RESOURCES, LLC Firm/Company |
| Firm/Company |
| 2970 PAYSON WAY Address |
| |
| City/State and Zip Code OFFENFIELD 8585 C GMAIL. Com E-mail address: (to be used for future annual report notification) |
| City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| MARISSA GREEN FIELD at (954) 614-257 b Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: \$\Bigsim \frac{125.00}{125.00}\$ \text{ Filing Fee & Certificate of Status} \$\Bigsim \frac{155.00}{125.00}\$ \text{ Filing Fee & Certificate of Status} \$\Bigsim \frac{155.00}{125.00}\$ \text{ Filing Fee & Certificate of Status & 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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|--|--|
| MG RESOURCES, L (Must end with the words "Limited L | iability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the principal offi | ice of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 2970 PAYSON WAY VELTNETON & 33414 | 2970 PAYSON WAY WESTONGTON, EC 33414 |
| ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. | egistered Agent. You must designate an individual or |
| The name and the Florida street address of the registered a | gent are: |
| Stuart A Hac | /c |
| c/o Hack Tax and 1 12230 Forest H | Accounting Services LLC 111 Blvd Svite 110-A-1 |
| Florida street address (P.O. Box 1 | |
| Wellington | FI. 334/4 |
| City | Zip |
| The standard of the standard o | |

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

| Title: 'AMBR" = Authorized Member 'MGR" = Manager | Name and Address: |
|--|---|
| MGR | JORNAN GREENFIELD 2990 PAYDON WAY WELLENFTON, R 33414 |
| | |
| | |
| EV: Effective date, if other than the date of | f filing: (OPTIONAL) ific and cannot be more than five business days prior to or |
| EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) | f tiling: (OPTIONAL) ific and cannot be more than five business days prior to or |
| EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) EVI: Other provisions, if any. | f filing: (OPTIONAL) ific and cannot be more than five business days prior to or |
| EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) EVI: Other provisions, if any. Signature of a mem (In accordance with section 605, constitutes an affirmation under to I am aware that any false information and the constitutes are affirmation under the constitutes are affirmation unde | ber or an authorized representative of a member. 0203 (I) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, attor submitted in a document to the Department of State as provided for in s.817.155, F.S.) |
| Signature of a mem (In accordance with section 605. constitutes an affirmation under to I am aware that any false information constitutes a third degree felony to 100. | ber dran authorized representative of a member. 0203 (N) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State |

Page 2 of 2