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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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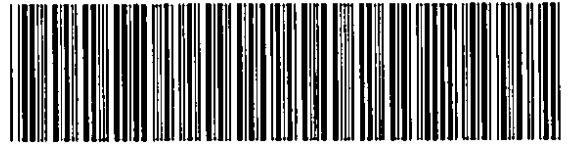
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
18 JUN 18 AM 8:47  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: <sup>#</sup> New Filing Section  
Division of Corporations

SUBJECT: MJG Solutions, 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:

Marisa Griego  
Name of Person

MJG Solutions, LLC  
Firm/Company

11562 8th St. N. # 705  
Address

St. Petersburg, FL 33716  
City/State and Zip Code

marisagriego@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marisa Griego at 727 710-3315  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 18 JUN 18 AM 8:48  
 DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MJG Solutions, LLC  
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

**Principal Office Address:** 11562 8th St. N. #705  
St. Petersburg, FL  
33716

**Mailing Address:** 11562 8th St. N. #705  
St. Petersburg, FL  
33716

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Marisa Griego  
Name  
11562 8th St. N. #705  
Florida street address (P.O. Box **NOT** acceptable)  
St. Petersburg, FL 33716  
City State 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 605, F.S..

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATION

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**  
"AMBR" = Authorized Member  
"MGR" = Manager

**Name and Address:**

\_\_\_\_\_  
AMBR  
AMBR  
\_\_\_\_\_

\_\_\_\_\_  
Marisa Griego  
11562 8th St. N. #705  
St. Pete., FL 33716  
Jacob Griego  
11562 8th St. N. #705  
St. Pete., FL 33716  
\_\_\_\_\_  
\_\_\_\_\_


(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: N/A. (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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any. None

**REQUIRED SIGNATURE:**



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Marisa Griego  
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)

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