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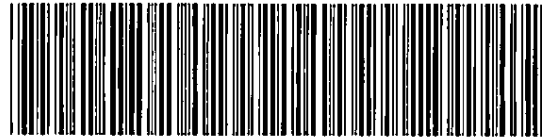
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**DATE:** 7/18/19

**NAME:** HOUSEOFMG LLC

**TYPE OF FILING:** ARTICLES

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

*Abbie Hodge*

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# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

## **ARTICLE I      NAME**

The name of the Limited Liability Company is:

HOUSEOFMG LLC

## **ARTICLE II      ADDRESS**

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

1190 E WASHINGTON STREET

TAMPA, FLORIDA 33602

## **ARTICLE III      REGISTERED AGENT**

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

GABRIELLE DALIP

1190 E WASHINGTON STREET

TAMPA, FLORIDA 33602

*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.*

X /s/ Gabrielle Dalip

GABRIELLE DALIP / Registered Agent's signature

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PAGE 2      HOUSEOFMG LLC

**ARTICLE IV      AUTHORIZED PERSON(S)**

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

AUTHORIZED MEMBER

GABRIELLE DALIP

1190 E WASHINGTON STREET

TAMPA, FLORIDA 33602

AUTHORIZED MEMBER

MELANIE LOPEZ

1190 E WASHINGTON STREET

TAMPA, FLORIDA 33602

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X       /s/      Gabrielle Dalip        
GABRIELLE DALIP / Authorized Representative's signature

*(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)*