

L21000041451

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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H210000505233ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850)617-6381

From: Account Name : GONZALEZ & ASSOCIATES III PA
 Account Number : 120190000077
 Phone : (954)773-7286
 Fax Number : (954)526-8825

KULANASSER PERIAD

2021 FEB -5 AM 8:18

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

Email Address: AGONZALEZ@AMEFINANCIALGROUP.COM

2021 FEB -5 AM 11:00

**FLORIDA LIMITED LIABILITY CO.
 MG21SA, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MG21SA, 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:

ANTONIO GONZALEZ
Name of Person
GONZALEZ & ASSOCIATES III PA
Firm/Company
1820 N CORPORATE LAKES BLVD STE 107
Address
WESTON, FL 33326
City/State and Zip Code
AGONZALEZ@AMEFINANCIALGROUP.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE DIVISION

For further information concerning this matter, please call:

ANTONIO GONZALEZ at (954) 773-7286
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 Fee, 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MG21SA, 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:

Mailing Address:

1199 SW FEDERAL HWY SUITE 377
BOCA RATON, FL 33441

1199 SW FEDERAL HWY SUITE 377
BOCA RATON, FL 33441

FILED
JAN 14 2021
CORPORATE
CLERK
FLORIDA

2021 FEB -5 AM 8:18

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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.)

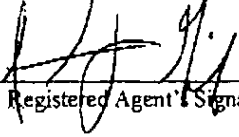
The name and the Florida street address of the registered agent are:

GONZALEZ & ASSOCIATES III PA
Name

1820 N CORPORATE LAKES BLVD SUITE 107
Florida street address (P.O. Box NOT acceptable)

WESTON FL 33326
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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

GRACIELA RODRIGUEZ
1199 SW FEDERAL HWY SUITE 377
BOCA RATON, FL 33441

AMBR

MARTIN RODRIGUEZ
1199 SW FEDERAL HWY SUITE 377
BOCA RATON, FL 33441

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 02/05/2021 BY 60322/UC/STP

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

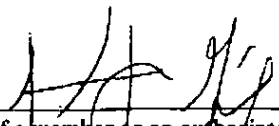
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

COMPANY IS ORGANIZED FOR THE CONDUCT OF ANY OR ALL LAWFUL AFFAIRS FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED.

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.

ANTONIO GONZALEZ CPA.

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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