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COVER LETTER

	Filing Section ion of Corporations		
enotece.		GS AND MAGOS LLC	
SUBJECT: _		of Limited Liability Company	
The enclosed /	Articles of Organization and fee	(s) are submitted for filing.	
Please return a	II correspondence concerning th	is matter to the following:	
		JOSE FIGUEROLA	
_		Name of Person	
_		Firm/Company	
		1900 SW STH STREET #W	-411
_		Address	
		MIAMI FLORIDA 33135	
_	ONE	CityState and Zip Code PARKGROVE@GMAIL.COM	A
	E-mail address: (to be	used for future annual report n	otification)
For further info	mation concerning this matter,	please call:	
JO	SE A. FIGUEROLA	202 423-5135 at ()	
	Name of Person	Area Code Daytime To	elephone Number
Enclosed is a	theck for the following amount:		
∟)\$125,00 Fil	ing Fee US130.00 Filing F Certificate of Stan		Certificate of Status &
	Mailing Address	Street Addres	<u>ss</u>

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	AND MAGOS LLC iability Company, "L.L.C.," or "LLC,")
FICLE II - Address:	e en la contraction de contraction
mailing address and street address of the principal of	ace of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
18975 COLLINS AVENUE #4902	1900 SW 8TH STREET #W-411
SUNNY ISLES BEACH FLORIDA 33160	MIAMI FLORIDA 33135
SUNNY ISLES BEACH FLORIDA 33160	MIAMI FLORIDA 33135

JOSE A FIGUEROLA

Name

1900 SW 8TH STREET #W-411

Florida street address (P.O. Box NOT acceptable)

MIAMI FLORIDA 33135
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 (REOUIRED

(CONTINUED)

21 JAN 20 4H 10: 31

ARTICLE IV-

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

'AMBR" = Authorized Member	
15.4233311	
'MGR" = Manager	
MGR	JOSE A FIGUEROLA 1900 SW 8TH STREET#W411
	MIAMI FLORIDA 33135
	MITANI I LONION 33133
4.5.1DD	WALLEAGE AND INCL
AMBR	VALLE MISAEL DEL
	DANIA BEACH FLORIDA 33004
· / ·	
Use attachment if necessary)	
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