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2021 FEB 15 AMIL: 17 SECRETARY OF STATE

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MGE Latam, LLC		
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Att. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
	:	Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
-		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
Name Date	Time	UCC 11 Search
		UCC 11 Retrieval
Walk-In Will Pick Up		Courier

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 FEB 15 AM 11: 17

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE HASSEE, FL

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MGE Latam, LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
II - Address:	
II - AUGULOS	
g address and street address of the principal office	of the Limited Liability Company is:
	of the Limited Liability Company is: Mailing Address
address and street address of the principal office	- , ,

(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:

	Name	
11800-30th Court N	orth	
Florida street addres	ss (P.O. Box <u>NOT</u> acc	eptable)
Clearwater	Florida	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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Jeff Biumberg
MOIX	11800 30th Court North
	St. Petersburg, Florida 33716
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(Use attachment if necessary)	
AND COLOR OF THE C	4
ARTICLE V: Effective date, if other than the c	late of filing: (OPTIONAL)
If an effective date is fisted, the date must be the date of filing.)	specific and cannot be more than five business days prior to or 90 days aft
	ot meet the applicable statutory filing requirements, this date will not be listed
the document's effective date on the Department	of meet the applicable statistics thing requirements, this date will not be listed
the document a effective date on the Departing	on of state's records.
ARTICLE VI: Other provisions, if any.	
· · · · · · · · · · · · · · · · · · ·	
,	
<u>required</u> signature:)	,)
Simulation	er taplan
This document is as	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any f	alse information submitted in a document to the Department of State
constitutes a third de	gree felony as provided for in s.817.155, F.S.
Karen Kaolan	
	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)