7/6/2021 Division of Corporations

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

From:
Account Name : PEREZ ARCHE AN ACCOUNTING & TAX SERVICES INC
Account Number : I20070000033
Phone : (305)649-7040
Fax Number : (305)643-3237

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TALLAHASSEE, FLORIDA

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

Email Address: araicaisabel@gmail.com

FLORIDA LIMITED LIABILITY CO.
MGB AMERICAS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$125.00

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JUL 07 2021

T. SCOTT

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COVER LETTER

TO: New Filing Section
Division of Corporations

MGB AMERICAS LLC

SUBJECT: _____
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:

ANA ISABEL ARAICA
Name of Person

PEREZ ARCHEAN ACCOUNTING & TAX SERVICES
Firm/Company

4011 W FLAGLER ST STE 503
Address

CORAL GABLES, FL 33134
City/State and Zip Code

ARAICAISABEL@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ISABEL ARAICA at (305) 649-7040
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

MGB AMERICAS 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:
16715 PARK CENTRE BLVD, UNIT D	16715 PARK CENTRE BLVD, UNIT D
MIAMI GARDENS, FL 33169	MIAMI GARDENS, FL 33169

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:

AIA ISABEL ARAICA
Name

4011 W FLAGLER ST STE 501
Florida street address (P.O. Box NOT acceptable)

CORAL GABLES	FL	33134
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.

Araica
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	JAIRO AVELANEDA 16715 PARK CENTRE BLVD, UNIT D MIAMI GARDENS, FL 33169
AMBR	CONSTANZA NINO 16715 PARK CENTRE BLVD, UNIT D MIAMI GARDENS, FL 33169
AMBR	FELIPE LOPEZ 12313 SW 32nd ST MIRAMAR, FL 33027

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JULY 6th, 2021 (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.
PLEASE ADD THE FEDERAL IDENTIFICATION NUMBER: 87-1525371

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0205 (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.

ANA ISABEL ARAICA
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)