

4/27/22, 1:46 PM

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L22000174445**

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H220001524013ABCR

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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)649-0477

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

Email Address: araidisabel@gmail.com

**FLORIDA LIMITED LIABILITY CO.  
M&G STRATEGIC INVESTMENTS LLC**

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

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2022 APR 27 PM 1:41  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

2022 APR 27 PM 2:19  
FLA. DEPT. OF STATE

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**M&G STRATEGIC INVESTMENTS 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 ARCHE ACCOUNTING & TAX SERVICES INC**

Firm/Company

\_\_\_\_\_  
**4011 W FLAGLER ST STE 501**

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:

**ANA ISABEL ARAICA** at (305) 649-7040 Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

M & G STRATEGIC INVESTMENTS 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:1781 NORMANDY DR # 3  
MIAMI BEACH, FL 331414011 W FLAGLER ST STE 501  
CORAL GABLES, FL 33134**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:

MIGUEL GUZMAN FUENTES

Name

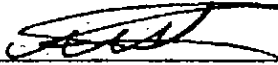
1781 NORMANDY DR APT 3Florida street address (P.O. Box **NOT** acceptable)MIAMI BEACHFL33141

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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MIGUEL GUZMAN FUENTES

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

**Name and Address:**

MIGUEL GUZMAN FUENTES

1781 NORMANDY DR STE 3

MIAMI BEACH, FL 33148

MARIANO GUZMAN RAMIREZ

1781 NORMANDY DR STE 3

MIAMI BEACH, FL 33148

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 04/28/2022 (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 ID NUMBER: 88-2008226

**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.

MIGUEL GUZMAN FUENTES

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)

2022 APR 27 PM 2:19  
STATE OF FLORIDA  
DEPARTMENT OF STATE