	(Requestor's Name)
	(Nequesion's Name)
	(Address)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



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M & G DOLLAR N	NJ. LLC		
	<u>.                                    </u>		
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger Filc
			Art. 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
J			Vehicle Search
	— <del>***</del> *** *** *** ***		Driving Record
Requested by: SETH	10/07		UCC 1 or 3 File
Name	Date	- <del></del> Time	UCC 11 Search
			UCC 11 Retrieval
Walk-In	Will Pick U	p	Courier

## COVER LETTER

	ew Filing Section ivision of Corporations	
CHBICT		LAR NJ, LLC
SUBJECT	Name of Lin	nited Liability Company
The enclose	ed Articles of Organization and fee(s) are	e submitted for filing.
Please retui	rn all correspondence concerning this ma	atter to the following:
	SER	GIO LINARTE
		Name of Person
		Firm/Company
	5247 W 26TH CT	
		Address
	Н	HALEAH FL 33016
	C: MYBUSINESSCARLI@GMAIL.COM	City/State and Zip Code
-		for future annual report notification)
For further in	nformation concerning this matter, please	e call:
	SERGIO LINARTE 30	05 766-7833
	<del></del>	rea Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
]\$125.00 Fi	ling Fee \$\int \text{S130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

## M&G DOLLAR NJ, 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:

101 N. MAINT ST PLEASANTVILLE NJ 08232 1501 NE 149 ST MIAMI FL 33161

## 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:

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Name

# 5247 W 26TH CT

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

HIALEAH

FL

33016

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)

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager **GREGORY, ST. LOUIS** MGR\_\_\_\_ 1501 NE 149TH ST MIAMI FL 33161 MIGUERLANDE, NOEL MGR... 710 NE 161 ST \_\_\_\_\_ MIAMI FL 33162 (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. ALL AND ANY LAWFULL BUSINESS 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. \_ GREGORY ST. LOUIS 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)

ARTICLE IV-