# L23000136768

(Requestor's Name)	_
(Address)	_
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
co Copies Certificates of Status	
ः भी Instructions to Filing Officer:	7
	_]

Office Use Only



900405303149

SECHETARY OF SHAF "ALLAHASSEE, FLORI

FILED



97 74 (24 ABII)

というで

## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE'	03/24/2023 **WALK IN**
ENTITY N	NAME_ MLG Holdings   LLC
DOCUME	ENT NUMBER
	**PLEASE FILE THE ATTACHED AND RETURN**
xxxxx	XX Plain Copy Certified Copy
	Certificate of Status
	**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of Arts & Amendments Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
	Certificate of Status
	Certificate of Status Reflecting:
	**APOSTILLE' / NOTARIAL CERTIFICATION**
COUNTRY	OF DESTINATION
NUMBER	OF CERTIFICATES REQUESTED
TOTAL C	OWED \$ 125.00 ACCOUNT # 120160000072
Please c	all Tina at the above number for any issues or concerns. Thank you so much!

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

		. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(Must contai	MLG Holdi n the words "Limited Liabi		L.L.C" or "LLC.")	<u> </u>
	if the words Elimited Elimon	mry company,	,	
ARTICLE II - Address: The mailing address and street add	lress of the principal office	of the Limited L	iability Company is:	
<u>Principa</u>	Office Address:		Mailing Address	:
1060 NE 180th Terrac		1060.	NE 180th Terrace	
North Miami Beach, F		Miami Beach, FL, 33162		
			<u> </u>	
The name and the Florida street a	Reuven Mos	kowitz	<u> </u>	
	Na	ime		
	1060 NE 180	th Terrace	<u> </u>	
	Florida street address (P.	O. Box NOT acc	reptable)	
	North Miami Beach	FL	33162	
	City	State	Zip	
aving been named as registered ay ace designated in this certificate, t rther agree to comply with the pro	hereby accept the appointmy visions of all statutes relative	nent as registered ng to the proper a egistered agent as	l agent and agree to act in to ind complete performance of provided for in Chapter 60	his capacity. I f my duties, and I
n familiar with and accept the obl	/s/ Reuv Registered			
n familiar with and accept the obl		Agent's Signatur		

#### ARTICLE IV-

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

Title:	Name and Address:
	authorized Member
"MGR" = M	-
<u>ambr</u>	Reuven Moskowitz 1060 NE 180th Terrace
	North Miami Beach, FL, 33162
_	
RTICLE V: Effective f an effective date is e date of filing.)	edate, if other than the date of filing:
DEOLUBEN	SIGNATURE:
KEOUIKED	SIGNATURE.
	/s/ Reuven Moskowitz
	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.
	Reuven Moskowitz
	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)