

L23000412081

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

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FLORIDA LIMITED LIABILITY CO.
BGM MARKET MAKER GROUP, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED
2023 SEP -6 PM 4:33

2023 SEP -5 PM 3:15
SECRETARY OF STATE
MAIL ROOM

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BGM Market Maker Group, 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:

8234 NW 48TH Terrace
Doral FL, 33166

Mailing Address:

8234 NW 48TH Terrace
Doral FL, 33166

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:

DOWNTOWN ACCOUNTIG MIAMI

Name

255 E FLAGLER ST, SUITE 101

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

MIAMI

City

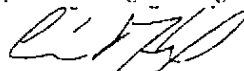
FL

State

33131

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)

2023 SEP - 5 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ALVARO FABIAN GALINDO JAIMES

8234 NW 48th Terrace

Doral, FL 33166

(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.

THE PURPOSE OF THE ENTITY SHOULD BE: INVESTMENT

REQUIRED SIGNATURE:

Fabian Galindo Jaimes

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.

ALVARO FABIAN GALINDO JAIMES

Typed or printed name of signee

SECRETARY OF STATE
FALL 2023

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