

U24000 388342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

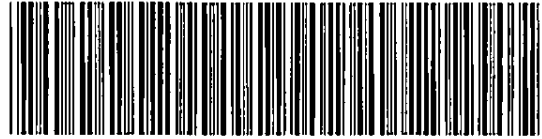
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CLERK OF STATE
TALLAHASSEE, FL

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CLERK OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$ 125.00

AUTHORIZATION SIGNATURE: _____

MGN Investing Projects LLC

BUSINESS (Name)

Document #.

☒ Walk in

____ Pick up time ____

____ Mail out

____ Will wait

____ Photocopy

____ Certified Copy

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NEW FILINGS

____ Profit

____ Not for Profit

☒ Limited Liability

____ Domestication

____ CORP

____ LLLP

OTHER FILINGS

____ Annual Report

____ Fictitious Name

____ APOSTIL () _____
Country

AMMENDMENTS

____ Amendment

____ Resignation of R.A. Officer/Director

____ Change of Registered Agent

____ Dissociation or Resignation

____ Merger

____ Conversion

REGISTRATION/QUALIFICATIONS

____ Foreign Filing

____ Limited Partnership

____ Reinstatement

____ Trademark

____ STATEMENT OF AUTHORITY

EXAMINER'S INITIALS: _____

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PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$ 125.⁰⁰

AUTHORIZATION SIGNATURE: *for MGN*

MGN Investing Projects LLC
BUSINESS (Name) Document #.

☒ Walk in ☐ Pick up time ☐

☐ Mail out ☐ Will wait

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☐ STATEMENT OF AUTHORITY

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EXAMINER'S INITIALS: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MGN INVESTING PROJECTS LLC
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:

_____	Name of Person
_____	Firm/Company
_____	Address
_____	City/State and Zip Code
E-mail address: (to be used for future annual report notification)	

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For further information concerning this matter, please call:

GUSTAVO FUNES at (786) 343-2366
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

MGN INVESTING PROTECTS 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:

2001 BISCAYNE BLVD APT 3607
MIAMI, FL 33137

2001 BISCAYNE BLVD APT 3607
MIAMI, FL 33137

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:

GUSTAVO FUNES
Name

2001 BISCAYNE BLVD APT 3607
Florida street address (P.O. Box NOT acceptable)
MIAMI FL 33137
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..

[Signature]
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:

MGR (40% OWNERSHIP) GUSTAVO FUNES
2001 BISCAYNE BLVD APT 3607
MIAMI FL 33137

AMBR (30% OWNERSHIP) JOSE NELBIN ORELANA
1330 NW 87 ST
MIAMI FL 33147

AMBR (15% OWNERSHIP) NELSON MANUEL GODOY
2136 SW 5TH ST APT 4
MIAMI FL 33135

AMBR (15% OWNERSHIP) MYURELL MAGALY MENEGES
2120 SW 5TH ST APT 5
MIAMI FL 33135

(Use attachment if necessary)

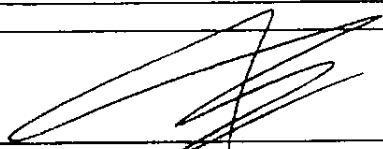
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

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.

GUSTAVO FUNES

Typed or printed name of signer

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)

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL