

W190000072679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

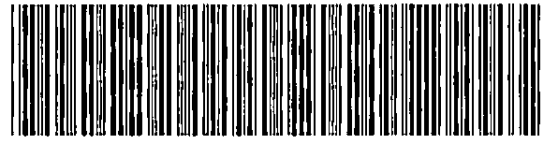
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W19000072679
00524
name match cert.

Office Use Only



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19 AUG -7 PM 4:25

RECEIVED

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2019 AUG 19 10:25 AM

2019 AUG 19 10:25 AM

Z BROWN

AUG 12 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2019

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: MG3 FUND GP LLC
Ref. Number: W19000072607

We have received your document for MG3 FUND GP LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE NAME ON LINE 1 MUST MATCH THE NAME ON THE CERTIFICATE EXACTLY,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Zakiya M Brown
Regulatory Specialist II

Letter Number: 219A00016275

19 AUG -9 PM 1:30

2019-08-09 11:30 AM

Please keep original file date.

Thank you!

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 8/7/19

NAME: MG3 FUND GP LLC

TYPE OF FILING: APPLICATION

COST: 160.00

RETURN: CERTIFIED COPY AND GOOD STANDING

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MG3 FUND GP, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MARCELO SAIEGH
Name of Person

MG3 FUND GP, LLC
Firm/Company

2980 NE 207TH STREET, SUITE 603
Address

AVENTURA, FL 33180
City/State and Zip Code

MSAIEGH@MG3DEVELOPER.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARCELO SAIEGH at (954) 929-5229
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MG3 FUND GP, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-2123015
(FEI number, if applicable)

4.
(Date first transacted business in Florida, if prior to registration. See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2980 NE 207TH STREET, SUITE 603
(Street Address of Principal Office)

6. 2980 NE 207TH STREET, SUITE 603
(Mailing Address)

AVENTURA, FL 33180

AVENTURA, FL 33180

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: MG3 FUND, LLC

Office Address: 2980 NE 207TH STREET, SUITE 603

AVENTURA, Florida 33180
(City) (Zip code)

FILED
JUN 11 2009
STATE OF FLORIDA

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Manager **Name and Address:** Name: MARCELO SAIEGH
 Address: 2980 NE 207TH STREET
 SUITE 603
 AVENTURA, FL 33180
 Member
 Authorized
 Person
 Other

Title or Capacity: Manager **Name and Address:** Name: HERNAN LEONOFF
 Address: 2980 NE 207TH STREET
 SUITE 603
 AVENTURA, FL 33180
 Member
 Authorized
 Person
 Other

Manager **Name and Address:** Name: GUSTAVO BOGOMOLNI
 Address: 2980 NE 207TH STREET
 SUITE 603
 AVENTURA, FL 33180
 Member
 Authorized
 Person
 Other

Manager **Name and Address:** Name: _____
 Address: _____
 Member
 Authorized
 Person
 Other

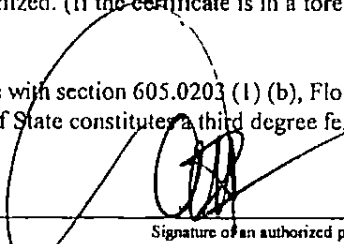
Manager **Name and Address:** Name: _____
 Address: _____
 Member
 Authorized
 Person
 Other

Manager **Name and Address:** Name: _____
 Address: _____
 Member
 Authorized
 Person
 Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.



 Signature of an authorized person
 MARCELO SAIEGH

 Typed or printed name of signee

Delaware

Page 1


The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MG3 FUND GP, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MG3 FUND GP, LLC" WAS FORMED ON THE ELEVENTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.




Jeffrey W. Bullock, Secretary of State

7461978 8300

SR# 20196385164

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203365206

Date: 08-07-19