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(Requestor's Name)					
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PICK-UP WAIT MAIL					
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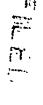
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Z BROWN

AUG 1 2 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

Please Keep Original fle date. Thank you!

www.sunbiz.org

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: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

то:	Registration Section Division of Corporation	ns			
SUBJE	MG3 FUND GP, LI	LC			
		Name of Limited Liability Company			
The enc Existence	losed "Application by Force, and check are submitte	reign Limited Liability Compar d to register the above reference	y for Authorization to Transac sed foreign limited liability con	et Business in Florida," Certificate of npany to transact business in Florida	
Please re	eturn all correspondence o	concerning this matter to the fo	llowing:		
	MARCELO SA	MEGH			
		Nam	e of Person		
	MG3 FUND G	P, LLC			
	Firm/Company				
	2980 NE 207TH STREET, SUITE 603				
Address					
	AVENTURA, FL 33180				
		City/State	and Zip Code	·····	
	MSAIEGH@MC	3DEVELOPER.COM			
		E-mail address: (to be used for	r future annual report notificat	ion)	
For furth	er information concerning	this matter, please call:			
	MARCELO SAIEGH	a	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 ADI Division of Co Registration Se Clifton Buildir 2661 Executiv Tallahassee, Fl	rporations ection og e Center Circle	
	Enclosed is a check for th Please make check payabl	e following amount: le to: FLORIDA DEPARTMI	ENT 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: MG3 FUND GP, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "I.L.C.") (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 "L.L.C.") **DELAWARE** 84-2123015 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 2980 NE 207TH STREET, SUITE 603 2980 NE 207TH STREET, SUITE 603 5. (Street Address of Principal Office) (Mailing Address) AVENTURA, FL 33180 AVENTURA, FL 33180 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) MG3 FUND, LLC Name: 2980 NE 207TH STREET, SUITE 603 Office Address: **AVENTURA** (Ciry) 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 felative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agen

(Registered agent's

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: Name and Address: Title or Capacity: Name and Address: Name: MARCELO SAIEGH Name: ___ Manager Manager Address: 2980 NE 207TH STREET 2980 NE 207TH STREET Member Member SUITE 603 SUITE 603 Authorized Authorized AVENTURA, FL 33180 AVENTURA, FL 33180 Person Person Other____ Other Other Other Name: GUSTAVO BOGOMOLNI Manager Manager Name: **2980 NE 207TH STREET** Member Address: Member Address: SUITE 603 []Authorized ☐ Authorized AVENTURA, FL 33180 Person Person Other Other__ Other_ Manager Manager
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 Name: Member Address: Member Address: _____ ___Authorized Authorized Person Person Other Other____ Other__ Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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

Page 1



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.



Authentication: 203365206

Date: 08-07-19