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A 1/2

COVER LETTER

TO:	Registration Section Division of Corporatio	ns			
SUBJE	CT: MG3 Jackson		ited Liability Company	·····	
				Business in Florida," Certificate pany to transact business in Floric	
Please	return all correspondence	concerning this matter to the foll	owing:		
	Marcelo Sai				
		Name	of Person		
	MG3 REIT,	LLC			
		Firm/	Company		
	2980 NE 20	7 Street, Suite #603			
		Α	ddress		
	Aventura, F	L 33180			
			and Zip Code	, , , , , , , , , , , , , , , , , , , 	
	msaiegh@m	g3developer.com			
			future annual report notification	on) <u> </u>	
For furt	her information concernin	g this matter, please call:		on) 019 SEP 13	
	Marcelo Saiegh	a	(954) 929-5229	* *,10	
	Name o	f Contact Person	Area Code Daytime T	elephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADD Division of Cor Registration Sec Clifton Building 2661 Executive Tallahassee, FL	porations Character Circle	
	Enclosed is a check for the Please make check payab	ne following amount: ble to: FLORIDA DEPARTMF	ENT OF STATE		
	S125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certificate of Status & Certified Copy	ate

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:

Delay (Jurisd	vare					,,	or "LLC.
	iction under the law of wi	nich foreign limited liability company is organized)	3	(FEI n	umber, if applical	ole)	
		(Date first transacted business in Florida, if prior (See sections 605.0904 & 603.0905, F.S. to dete	to registration.)	195.3			
2980) NE 207 Street, S (Street Address of P	suite #603	6	2980 NE 207 Street, Su (Mailing /	ite #603		
	(alleet Addiess of F	micipal Office)		(command)	iddioss,		
Aver	ntura, Florida 331	80		Aventura, Florida 33180	כ		
rame	and street addres	S OF PIOCEGA FERISIETEG AREID, CTAD, DI	w MOT no	contoble)	7	9	
	Name: Office Address:	s of Florida registered agent: (P.O. Bo MG3 Fund, LLC 2980 NE 207 Street, Suite #603	OX <u>NOT</u> ac	ceptable) 		2019 SEP 13 AM 10:5	377
	Name:	MG3 Fund, LLC	ox <u>NOT</u> ac	ceptable), Florida _ 33180	: -	SEP 13 AM 10:	

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: Hernan Leonoff Name: Marcelo Salegh Manager Manager Address: 2980 NE 207 Street, Suite #603 Address: 2980 NE 207 Street, Suite #603 Member Member ■ Authorized ■ Authorized Aventura, Florida 33180 Aventura, Florida 33180 Person Person Other Other____ Other Other Name: Gustavo Bogomolni Manager ■ Manager Name: _____ Address: 2980 NE 207 Street, Suite #603 Member Member Address: Aventura, Florida 33180 **■**Authorized Authorized Person Person Other____ Other____ Other Other Manager Manager Name: Member Member Address: 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 nuthorized person Marcelo Soveph

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MG3 JACKSONVILLE 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 THIRTEENTH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MG3 JACKSONVILLE LLC" WAS FORMED ON THE NINTH DAY OF JULY, A.D. 2019.

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

Authentication: 203591364

Jeffrey W. Butlock, Secretary of State

Date: 09-13-19