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1/6/20

NAME: MGC ADVISORS LLC

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

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

IGC Advisors, LLC				
(Name of Foreign	Limited Liability Company; must include "Lim	ted Liability Com	pany," "L.L.C.," or "LLC.")	
une unavailable, enter alternate ni	ame adopted for the purpose of transacting business in f	lorida. The alternate	name must include "Limited Liability Cor	пралу," "L.L.C," or "LLC.")
elaware		84-3801311 3.		
Jurisdiction under the law of wh	nich foreign limited liability company is organized)	3. (FEI number, if applicable)		dicable)
Upon filing				
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to deter	to registration) traine penalty liability	·)	
1221 Brickell Avenue,		6.		
(Street Address of P	rincipal Office)	0	(Mailing Address)	2(
Miami, FL 33131				2020 5.
	· · · · · · · · · · · · · · · · · · ·			<u> </u>
				(T)
				7:
Name and street address	s of Florida registered agent: (P.O. Bo	ox <u>NOT</u> accep	table)	Ö
				ဘ ယ
Name:	First Corporate Solutions, Inc.			
, varie.				
Office Address:	155 Office Plaza Drive		_	
	Tallahassee		32301	
	(City)		, Florida	
esignated in this applica comply with the provisi	•	as registered o	agent and agree to act in this	s capacity. I further a
	/s/Dang Nguyen			

(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:	Name and Address:	Title or Capacity	<u>v:</u>	Name and Address:
☐Manager ·	Name:Jahan S. Islami, Esq.		Name:	<u> </u>
Member	Address: 200 S Biscayne Blvd.	☐ Member		
■ Authorized	Suite 3000	☐ Authorized		
Person	Miami, FL 33131	Person		
Other	Other	Other		Other
Manager	Name:	☐ Manager	Name:	
☐Member	Address:	☐ Member	Address:	
Authorized		Authorized		<u></u>
Person		Person		
Other	Other	Other		Other S
☐Manager	Name:	Manager	Name:	:- .:
☐Member	Address:	Member	Address:	
Authorized		Authorized		· · · · · · · · · · · · · · · · · · ·
Person		Person		<u> </u>
Other	Other	Other		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.

Jahan S. Islami. Esq.

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "MGC ADVISORS, 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 SIXTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MGC ADVISORS,
LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2019.

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

2020 J. 11-6 J. 19: 33



Authentication: 202122871

Date: 01-06-20