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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ACCOUNT Name : DEALER CONSULTING SERVICES, INC.

Account Number : I20010000121 Phone : (305)758-9001 Fax Number : (786)410-6035

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Foreign Limited Liability Company EXPORTACIONES E IMPORTACIONES M&G LLC

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November 4, 2022

FLORIDA DEPARTMENT OF STATE

DEALER CONSULTING SERVICES, INC. Division of Corporations

SUBJECT: EXPORTACIONES E IMPORTACIONES M&G LLC

REF: W22000139332

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

STANTON H ROBERTS Regulatory Specialist II

FAX Aud. #: H22000376569 Letter Number: 922A00024819 DocuSign Envelope ID: 3086C290-8E65 4C0A 8F86-C1CFA29FB2F4

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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 LIMBILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: EXPORTACIONES E IMPORTACIONES M&G LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LUC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florids. The alternate name must include "Limited Liability Company," "I, L.C," or "ELC,") (Date first transacted business in Florida, if prior to registration.)
(See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 4604 GLIDING WAVE ST 4604 GLIDING WAVE ST (Street Acdress of Principal Office) WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) ROCI VERONICA GUZMAN Name: 4604 GLIDING WAVE ST Office Address: WINTER GARDEN 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.

Regusteren ogann 50:ignature)

DocuSign Envelope ID: 3086C290-8E85 4C0A 8F86-C1CFA29FB2F4

Nov 07, 2022 14:00 (UTC 05)

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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:	
■Manager	Name: ROCI VERONICA GUZMAN	■Manager	Name: CESAR E. ANTON BOADA	
□Member	Address: 4604 GLIDING WAVE ST	□Member	Address: 4604 GLIDING WAVE ST	
□Authorized	WINTER GARDEN, FL 34787	□Authorized	WINTER GARDEN, FL 34787	
Person		Person		
□Other	Other	[]Other	Other	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	_
□Authorized		□Authorized		<u>۱</u>
Person		Person		7
Other	Other	Other	DOther St. Oo	C
□Manager	Name:	□Manager	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.

Docusaned by:	
013D:61AA45846D Signature of an author zed person	
ROCI VERONICA GUZMAN	
To and an existed games of signage	

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



John B. Scott Secretary of State

Office of the Secretary of State

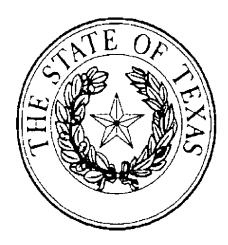
Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for EXPORTACIONES E IMPORTACIONES M&G LLC (file number 803525638), a Domestic Limited Liability Company (LLC), was filed in this office on January 22, 2020

It is further certified that the entity status in Texas is in existence.



In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 05, 2022.



John B. Scott Secretary of State