

M24000008932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

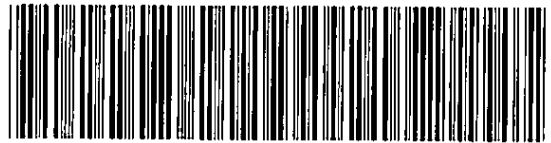
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W24-93083

Office Use Only



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05/30/24--01005--008-- \*\*125.00

APPROVED  
AND  
FILED  
2024 JUL 12 PM 3:19  
CLERK OF SUPERIOR COURT  
CALIFORNIA

JUL 15 2024  
K. Brumley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 19, 2024

GUERRERO LAW GROUP PLLC  
6600 COW PEN RD., STE. 260  
MIAMI LAKES, FL 33014

SUBJECT: G.O.A.T. MS G LLC  
Ref. Number: W24000093083

We have received your document for G.O.A.T. MS G LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

- ✖ An individual must sign on behalf of the business entity you have designated as the registered agent.

Also it appears you have submitted this same filing via a service company and that filing was rejected for the same reason. If you wish to continue with that submission and not the one you have mailed in then please fill out the enclosed refund application and return to my attention.,

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.

KYLE D BRUMBLEY  
Regulatory Specialist II Supervisor

Letter Number: 724A00013382

RECEIVED

JUL 12 2024

*was missing my personal signature*

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. G.O.A.T. Ms. G 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. NEW MEXICO  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(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. 6600 COW PEN RD  
(Street Address of Principal Office)

6. 6600 COW PEN RD  
(Mailing Address)

SUITE 260

SUITE 260

MIAMI LAKES, FL 33014

MIAMI LAKES FL 33014

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

Name: GUERRERO LAW GROUP PLLC

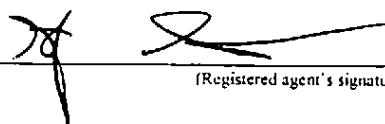
Office Address: 6600 COW PEN RD SUITE 260

MIAMI LAKES, Florida 33014  
(City) (Zip code)

APPROVED  
AND  
FILED  
2024 JUL 12 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FL 09177

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: GUERRERO LAW GROUP PLLC	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 6600 COW PEN RD STE 260	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	MIAMI LAKES, FL 33014	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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)

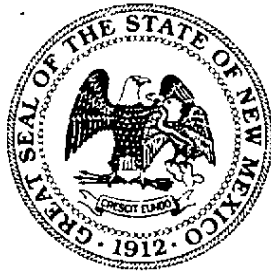
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

/s/ Stephen Guerrero

\_\_\_\_\_  
Signature of an authorized person

Stephen Guerrero

\_\_\_\_\_  
Typed or printed name of signee



STATE OF NEW MEXICO

**MAGGIE TOULOUSE OLIVER**

SECRETARY OF STATE

***Certificate of Good Standing and Compliance***

IT IS HEREBY CERTIFIED THAT:

**G.O.A.T. Ms. G LLC**

**7682840**

the above named entity, a Company organized under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Limited Liability Company, under the

**Limited Liability Company Act**

**53-19-1 to 53-19-74 NMSA 1978**

having filed its Articles of Organization on May 17, 2024, and Certificate of Organization issued as of said date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

Certificate Issued: **May 20, 2024**

**In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.**



*Maggie Toulouse Oliver*

**Maggie Toulouse Oliver**  
Secretary of State

**Certificate Validation #: 0089355**

A certificate issued electronically from the New Mexico Secretary of States office is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Validation option on the Business Filing System at <https://portal.sos.state.nm.us/bfs/online> and following the instructions displayed under Certificate Validation.