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STATE  
TALLAHASSEE, FL

1-11-24

MS

Wed, 14 Feb 2024 13:42:51

P24000012123  
COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: MNG REAL ESTATE INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: ZAHAVA ARONOV  
Name (Printed or typed)

1000 S ST RD 7  
Address

PLANTATION, FL 33317  
City, State & Zip

(786) 200-2498  
Daytime Telephone number

MG@GLOBETECH.NET  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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TALLAHASSEE, FL

ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME  
The name of the corporation shall be: MNG REAL ESTATE INC

<u>ARTICLE II PRINCIPAL OFFICE</u>	
Principal <u>street</u> address	Mailing address, if different is:
<u>450 N PARK ROAD SUITE 503</u>	<u>450 N PARK ROAD SUITE 503</u>
<u>HOLLYWOOD, FL 33021</u>	<u>HOLLYWOOD, FL 33021</u>
_____	_____

ARTICLE III PURPOSE  
The purpose for which the corporation is organized is: Any and all lawful business.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ARTICLE IV SHARES  
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>AMBR, GUERON, MARC</u>	Name and Title:	_____
Address	<u>450 N PARK ROAD SUITE 503</u> <u>HOLLYWOOD, FL 33021</u>	Address:	_____
_____	_____	_____	_____
_____	_____	_____	_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
_____	_____	_____	_____
_____	_____	_____	_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
_____	_____	_____	_____
_____	_____	_____	_____

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HOLLYWOOD, FL

Wed, 14 Feb 2024 13:41:26

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: GUERON, MARC

Address: 450 N PARK ROAD SUITE 503  
HOLLYWOOD, FL 33021

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: GUERON, MARC

Address: 450 N PARK ROAD SUITE 503  
HOLLYWOOD, FL 33021

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

\_\_\_\_\_  
Required Signature/Registered Agent

02/14/2024  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

\_\_\_\_\_  
Required Signature/Incorporator

02/14/2024  
Date

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TALLAHASSEE, FL  
STATE

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000049343

Entity Name: CREATIVE CAPITAL, LLC

Current Principal Place of Business:

20949 NE 37TH CT  
AVENTURA, FL 33180-3767

Current Mailing Address:

20949 NE 37TH CT  
AVENTURA, FL 33180-3767 US

FEI Number: 56-2583274

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOFFMAN, ALEJANDRO D  
20949 NE 37TH CT  
AVENTURA, FL 33180-3767 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name HOFFMAN, ALEJANDRO D  
Address 20949 NE 37TH CT  
City-State-Zip: AVENTURA FL 33180-3767

Title MGR  
Name ALEKSANDER, DANIEL  
Address 2209 NE 7TH STREET  
City-State-Zip: HALLENDALE BEACH FL 33009

No Authority to file  
2024 Annual Report

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HOFFMAN, ALEJANDRO D

MGRM

01/30/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date