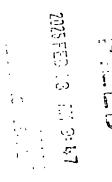
12500062003

(Requestor:	s Name)
(Address)	
(Address)	
, ,	
(City/State)	Zip/Phone #)
(Oity/State/2	ipretione #)
PICK-UP	VAIT MAIL
(Business E	ntity Name)
(Document	Number)
Certified Copies Co	ertificates of Status
Special Instructions to Filing Of	ficer:

Office Use Only

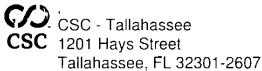


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2025 FEB 13 PH 3: 38

RECEIVED



850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext: x62969 Date: 02/13/25 Order #: 1825144-1

Re: MG&DL Sponsor LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number: [7]

120000000195

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

	MG&DI	Sponsor LLC			
(Must conta	ain the words "Limited	Liability Company	; "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ac	ddress of the principal c	office of the Limite	d Liability Company is:		
Principa	al Office Address:		Mailing Address:		
301 Almeria Avenu Suite 330		<u> </u>	301 Almeria Avenue Suite 330		
Coral Gables, FL 3	3134		Coral Gables, FL 33134		
another business entity with an a			. You must designate an individual or	•	(ا
·	address of the registered	d agent are:	ū		725 EED 10
·	~	d agent are: . Rojas		· . ,-	
·	oddress of the registered	d agent are:		; ,- ; ,-	
·	oddress of the registered	l agent are: l Rojas Name neria Avenue, Sui	te 330		
·	Yureiba 301 Aln Florida street addres	l agent are: l Rojas Name neria Avenue, Sui	te 330		
·	Yureiba 301 Aln Florida street addres	l agent are: Rojas Name neria Avenue, Sui s (P.O. Box <u>NOT</u>	te 330		
The name and the Florida street a daving been named as registered a lace designated in this certificate, wither agree to comply with the pro-	301 Aln Florida street addres Coral C City agent and to accept serv I hereby accept the app ovisions of all statutes r	l agent are: Rojas Name neria Avenue, Sui s (P.O. Box NOT Bables, FL 33134 State ice of process for the ointment as registee elating to the proper	te 330 acceptable)	iny at the acity. I	

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Alirio Torrealba 301 Almeria Avenue, Suite 330 Coral Gables, FL 33134 MGR Ernesto de Luca 301 Almeria Avenue, Suite 330 Coral Gables, FL 33134 (Use attachment if necessary) February 13, 2025 ARTICLE V: 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 business days prior to or 90 days after the date of 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. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: /s/ Ernesto de Luca Signature of a member or an authorized representative of a member. 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.

Filing Fees:

Ernesto de Luca

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)