

8/25/23, 12:42 PM

Division of Corporations

623000398672

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document

((H230002961243))



H2300029612434BC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : Vcorp SERVICES, LLC  
Account Number : 120080000067  
Phone : (845)425-0077  
Fax Number : (845)818-3588

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

FLORIDA LIMITED LIABILITY CO.  
MAFREC Fund I, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2023 AUG 25 AM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

RECEIVED

2023 AUG 25 PM 3:31

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF ORGANIZATION  
OF  
MAFREC FUND I, LLC

Article 1. The name of this Limited Liability Company is MAFREC Fund I, LLC.

Article 2. The street address of the principal office of the Limited Liability Company is:

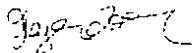
50 NW 31 St  
Miami, FL 33127

Article 3. The Limited Liability Company's registered agent's name and registered address are

Vcorp Agent Services, Inc.  
1200 South Pine Island Road  
Plantation, FL 33324

Article 4. The debts, obligations and liabilities of the Company, whether arising in tort, contract or otherwise, shall be solely the debts, obligations and liabilities of the Company, and no Member or Manager of the Company shall be obligated personally for any such debt, obligation or liability of the Company solely by reason of being a Member or acting as a Manager of the Company. Each Manager of the Company shall, to the maximum extent permitted by the laws of Florida, have no personal liability to the Company or its Members for monetary damages for breach of fiduciary duty as a Manager, provided that this provision shall not eliminate or reduce the liability of a Manager in any case where such elimination or reduction is not permitted by law as of the date of the alleged breach.

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*



BY: \_\_\_\_\_

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 Fla. Stat. Ann. § 817.155.

BY: /s/ Fernando Degwitz (Organizer)  
NAME: Fernando Degwitz  
DATE: August 25, 2023

FILED  
2023 AUG 25 AM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FL