

DEC-28-2010 TUE 10:06 AM ARLENE F AUSTIN PA
Division of Corporations

FAX NO. 2395144618

P. 01

Page 1 of 1

L10000131859

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.

((H10000276763 3)))



H10000276763ABC%

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) 617-6383

From:

Account Name : ARLENE F. AUSTIN, P.A.
Account Number : 120000000066
Phone : (239) 514-8211
Fax Number : (239) 514-4618

2010 DEC 29 AM 10:52
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Email Address: _____

RECEIVED

10 DEC 28 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
MAFRE ENTERPRISES, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

C. LEWIS
DEC 29 2010
EXAMINER

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

DEC-28-2010 TUE 10:06 AM ARLENE F AUSTIN PA

FAX NO. 2395144618

P. 02

H100002767633

FILED

2010 DEC 28 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION OF
MAFRE ENTERPRISES, LLC
A LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I — Name & Address

The name of the Limited Liability Company is: MAFRE ENTERPRISES, LLC

The mailing address and street address of the principal office of the Limited Liability Company is:

4261 3rd Avenue SW
Naples, FL 34119

ARTICLE II — Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE III — Purpose:

The purpose for the Limited Liability Company shall be to operate a real property investment and development business and to engage in the transaction of any and all business activities permitted under the laws of Florida and the United States of America.

ARTICLE IV — Management:

The Limited Liability Company is to be managed by the members and the name and address of the managing member is:

Freddy H. Koenig
4261 3rd Avenue SW
Naples, FL 34119

Maria C. Koenig
4261 3rd Avenue SW
Naples, FL 34119

H100002767633

DEC-28-2010 TUE 10:07 AM ARLENE F AUSTIN PA

FAX NO. 2395144618

P. 03

H100002767633

FILED

2010 DEC 28 AM 8:52

ARTICLE V — Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be by consent of a majority of the members.

SECRETARY OF STATE
FLORIDA
TALLAHASSEE, FLORIDA

ARTICLE VI — Members' Rights to Continue Business

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be by consent of a majority of the members.

ARTICLE VII — Effective Date

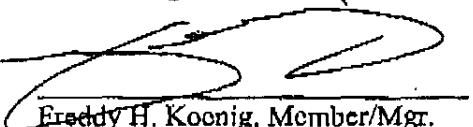
The term of this company shall be effective on January 1, 2011.

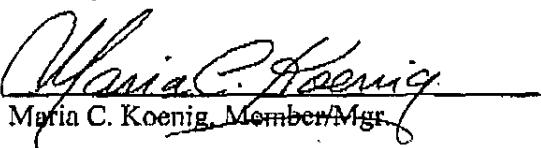
ARTICLE VIII - Resident Agent

The name of the initial registered agent and the Florida street address of the registered agent and office shall be:

Arlene F. Austin, Esq.
6312 Trail Blvd.
Naples, FL 34108

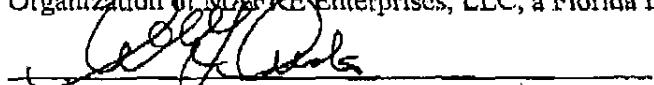
IN WITNESS WHEREOF, the undersigned has signed these Articles of Organization and acknowledged them to be their free act on this 15th day of December, 2010.

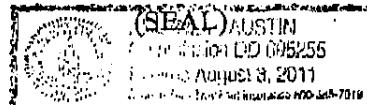

Freddy H. Koenig, Member/Mgr.


Maria C. Koenig, Member/Mgr.

State of Florida
County of Collier

On December 15, 2010, Freddy H. Koenig and Maria C. Koenig, [] who are personally known to me or [XX] who each produced a Florida driver's license as identification and they personally appeared before me at the time of notarization, and acknowledged signing these Articles of Organization of MAFRE Enterprises, LLC, a Florida Limited Liability Company.


Notary Public: Arlene F. Austin
Commission Expiration Date & Commission Number:



H100002767633

DEC-28-2010 TUE 10:07 AM ARLENE F AUSTIN PA

FAX NO. 2395144618

P. 04

H100002767633

FILED

2010 DEC 28 AM 10:52

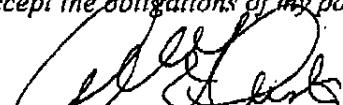
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE** SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND
REGISTERED AGENT IN THE STATE OF FLORIDA.**

1. The name of the Limited Liability Company is: MAFRE ENTERPRISES, LLC
2. The name and the Florida street address of the registered agent and registered office are:

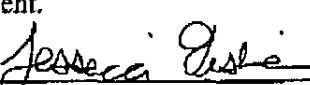
Arlene F. Austin, Esq.
6312 Trail Blvd.
Naples, FL 34108

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.


Arlene F. Austin, Esq.
Registered Agent

State of Florida
County of Collier

On December 15, 2010, Arlene F. Austin, designated above as the individual who shall serve as the company's initial registered agent, [XX] who is personally known to me, or [] produced a Florida driver's license as identification, personally appeared before me at the time of notarization, and acknowledged signing these Articles of Organization of MAFRE ENTERPRISES, LLC, as resident agent.


Notary Public

Jessica Fisher
(Notary Public - Printed Or Typed Name)



JESSICA FISHER
MY COMMISSION # DD 902209
EXPIRES: July 4, 2013
Bonded Title Budget Notary Service

Commission Expiration Date & Commission Number: **(SEAL)**
Personally Known
Identification

H100002767633