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| (Rec | uestor's Name) | |
|---------------------------|------------------|-----------|
| (Ado | Iress) | |
| (Ada | iress) | |
| (City | /State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nan | ne) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | Filing Officer: | |
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COVER LETTER

| TO: | Registration Section Division of Corporations |
|-------------------|---|
| SUBJEC | MAAC Capital Investments, LLC |
| SODJE | Name of Limited Liability Company |
| The encl | osed Articles of Organization and fee(s) are submitted for filing. |
| Please re | eturn all correspondence concerning this matter to the following: |
| | Alex Lorenzo |
| | Name of Person |
| | MAAC Capital Investments , LLC |
| | Firm/Company |
| | 727 Fairway Drive |
| | Address |
| | Miami Beach, FL, 33141 |
| | City/State and Zip Code realestatelorenzo@gmail.com |
| | E-mail address: (to be used for future annual report notification) |
| For furthe | r information concerning this matter, please call: |
| | Alex Lorenzo 786 326-1584 at () |
| | Name of Person Area Code Daytime Telephone Number |
| Enclosed | l is a check for the following amount: |
|] \$125.00 | Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} |
| | Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| MAAC Capital Inves | | Lishility Comm | any, "L.L.C.," or "LLC.") | | |
|---|--|--|-------------------------------------|------------------------------|--------|
| (Musi enu v | with the words Limited | Liability Compa | any, "L.L.C.," of "LLC.") | | 5 |
| ARTICLE II - Address: The mailing address and street ad | dress of the principal of | fice of the Limit | ted Liability Company is: | | SEP 28 |
| <u>Princips</u> | ll Office Address: | | Mailing Address: | in- in- | |
| 727 Fairway Drive, M | liami Beach, FL, 33141 | | 27 Fairway Drive, Miami Beach, | FL, 3314 | Ariso |
| | | | | 0: | ć |
| | | | | 3.8 | • |
| The name and the Florida street a | Alex Lorenzo | | | | |
| | | Name | | | |
| | 727 Fairway Drive, M | | | | |
| | Florida street address | (P.O. Box <u>NO</u>) | [acceptable] | | |
| | Miami Beach | FL | 33141 | | |
| | City | State | Zip | | |
| laving been named as registered a lace designated in this certificate, arther agree to comply with the pro am familiar with and accept the ob- | l hereby accept the appo ovisions of all statutes rel | intment as regis lating to the proj | tered agent and agree to act in thi | s capacity. my duties, ai | I |

Page 1 of 2

| Title: | | Name and Address: |
|--|--|--|
| "AMBR" = Auth | | |
| "MGR" = Manag | ger | |
| AMBR | , | Marta Lorenzo |
| | | 727 Fairway Drive, Miami Beach, FL, 33141 🚋 |
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| ective date is listed of filing.) The date inserted ment's effective of EVI: Other provides | ate, if other than the date of the date must be spe in this block does not make on the Department of | cific and cannot be more than five business days prior to or 9 eet the applicable statutory filing requirements, this date will no |
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ARTICLE IV-