

9/28/21 5:59 PM

Division of Corporations

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

From:
Account Name : 360 CORPORATE SOLUTIONS, LLC
Account Number : I20210000090
Phone : (305)529-5440
Fax Number : (305)529-5441

SECRETARY OF STATE
TALLAHASSEE, FL

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

Email Address: vpinero@gemrtcpa.com

**FLORIDA LIMITED LIABILITY CO.
MAICAI Opportunities III, LLC**

| | |
|-----------------------|----------|
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11:58:17 AM
9/28/21

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MAICAI Opportunities III, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Raul A. Guzman

Name of Person

360 Corporate Solutions, LLC

Firm/Company

2600 Douglas Road, Suite 800

Address

Coral Gables, FL 33134

City/State and Zip Code

rguzman@gemrtcpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raul A. Guzman

305

529-5440

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MAICAI Opportunities III, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:2600 Douglas Road Suite 800
Coral Gables, FL 33134**Mailing Address:**2600 Douglas Road Suite 800
Coral Gables, FL 33134**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

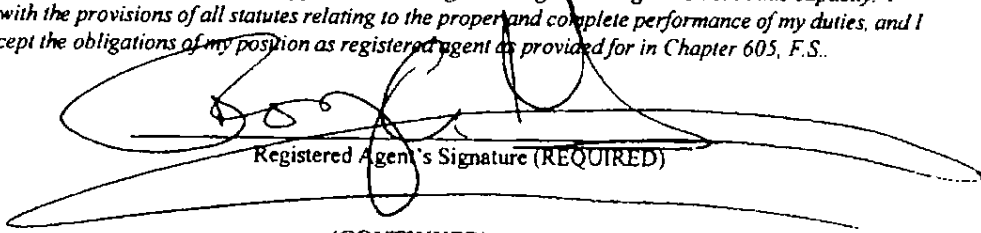
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

360 Corporate Solutions, LLC
Name2600 Douglas Road, Suite 800
Florida street address (P.O. Box **NOT** acceptable)

| | | |
|---------------------|-----------|--------------|
| <u>Coral Gables</u> | <u>FL</u> | <u>33134</u> |
| City | State | Zip |

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Carlos M. Trueba
2600 Douglas Road, Suite 800
Coral Gables, FL 33134

AMBR

MAI Trust
2600 Douglas Road, Suite 800
Coral Gables, FL 33134

AMBR

CAI Family Trust
2600 Douglas Road, Suite 800
Coral Gables, FL 33134

(Use attachment if necessary)

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:

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.

CARLOS M. TRUEBA

Typed or printed name of signee