Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

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Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940

Fax Number : (516)935-3088

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

LIDERNEGOCIOSESPECIALES@TRANSTURISMO.CO

FLORIDA LIMITED LIABILITY CO.

Mcl Fund Investment LLC

| Certificate of Status | ı |
|-----------------------|----------|
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | pany is: |
|---|--|
| | Fund Investment LLC |
| (Must end with the | words "Limited Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address o | of the principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 1091 Waterside Lane | 1091 Waterside Lane |
| Hollywood, FL 33019 | Hollywood, FL 33019 |
| nother business entity with an active Florida street address of | • |
| Catalina Rive | |
| | Name |
| 1091 Waters | side Lane Idress (P.O. Box <u>NOT</u> acceptable) |
| | |
| Hollywood | FL 33019 City Zip |
| Haring Law ways I | and to accept service of process for the above stated limited liability company |
| the place designated in this certificate capacity. I further agree to comply with | h the provisions of all statutes relating to the proper and complete performanc |
| the place designated in this certificate capacity. I further agree to comply with | h the provisions of all statutes relating to the proper and complete performanc rul accept the obligations of my position as registered agent as provided for in |
| the place designated in this certificate capacity. I further agree to comply with of my duties, and I am familiar with an | the provisions of all statutes relating to the proper and complete performance and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S Catalia LM d Agent's Signature (REQUIRED) |
| the place designated in this certificate capacity. I further agree to comply with of my duties, and I am familiar with an | the provisions of all statutes relating to the proper and complete performance and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S Catalia LM d Agent's Signature (REQUIRED) |
| the place designated in this certificate capacity. I further agree to comply with of my duties, and I am familiar with an | Catalina LM d Agent's Signature (REQUIRED) |

H21000384350

| Title: "AMBR" = Authorized Member | Name and Address: |
|---|--|
| "MGR" = Manager MGR | Luis Carlos Andres Rivera Montero |
| | 1091 Waterside Lane Hollywood, FL 33019 |
| MOD | |
| MGR | Martha Montero Buitrago |
| | 1091 Waterside Lane Hollywood, FL 33019 |
| | |
| MGR | Catalina Rivera |
| | 1091 Waterside Lane |
| | Hollywood, FL 33019 |
| | e date of filing: (OPTIONAL) |
| EV: Effective date, if other than the ctive date is listed, the date must f filing.) | e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 9 |
| EV: Effective date, if other than the ctive date is listed, the date must filling.) | e date of filing: |
| (Use attachment if necessary) E V: Effective date, if other than the ctive date is listed, the date must if filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: | e date of filing: |
| E V: Effective date, if other than the ctive date is listed, the date must if filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirmat I am aware that any far | be specific and cannot be more than five business days prior to or 9 |
| E V: Effective date, if other than the ctive date is listed, the date must if filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with see constitutes an affirmat I am aware that any fa constitutes a third degree. | a member or an authorized representative of a member. ction 605.0203 (1) (b). Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. Ise information submitted in a document to the Department of State. |