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DATE:

03/17/23

NAME: UPCAP DEAL ONE MANAGER LLC

TYPE OF FILING: ARTICLES

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SUBJEC	UpCap De	al One Manager LLC				
NOBJE.C	· · · · · · · · · · · · · · · · · · ·	Name of L	imited Liabi	lity Company		
The enclo	sed Articles of	`Organization and fee(s) a	ire submitte	f for filing.		
Please ret	urn all corresp	ondence concerning this n	natter to the	following:		
	Joseph A. Y	olofsky, Esq.				
			Name o	f Person		
	Yolofsky La	aw, P.A.				
	Firm/Company					
	100 SE 3rd	Ave., Suite 1000				
	Address					
	Fort Lauder	dale, Florida 33394				
			City/State a	nd Zip Code		
	ajy@yolofsk				· · · · · · · · · · · · · · · · · · ·	
		E-mail address: (to be use	d for future	annual report notificat	ion)	
For further	information co	oncerning this matter, plea	se call:			
	Joseph Yolo	******	954	237-4011		
				Daytime Telephon		
Enclosed	is a check for t	the following amount:				
■ \$125.0	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certif	55.00 Filing Fee & ied Copy nal copy is enclosed)	□S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address New Filing Section				Street Address New Filing Section D	ivision	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:				
UpCap Deal One Manager 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	of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
4378 E Whitewater Ave.	Same			
Weston FL 33332				

(The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual of

another business entity with an active Florida registration.)

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Name

100 SE 3rd Ave, Suite 1000

Florida street address (P.O. Box NOT acceptable)

Fort Lauderdale FL 33394

Fort Lauderdale FL 33394

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 AFERTA PARSIENTATIVE (REQUIRED)

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager Eduardo Salazar MGR 4378 E Whitewater Ave. Weston FL 33332 (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 of MPANIMORIZED 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.

Joseph A. Yolofsky, Esq.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)