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Division of Corporations

623000398672

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

From: Account Name : Vcorp SERVICES, LLC
Account Number : 120080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
MAFREC Fund I, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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Help

ARTICLES OF ORGANIZATION
OF
MAFREC FUND I, LLC

Article 1. The name of this Limited Liability Company is MAFREC Fund I, LLC.

Article 2. The street address of the principal office of the Limited Liability Company is:

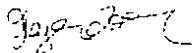
50 NW 31 St
Miami, FL 33127

Article 3. The Limited Liability Company's registered agent's name and registered address are

Vcorp Agent Services, Inc.
1200 South Pine Island Road
Plantation, FL 33324

Article 4. The debts, obligations and liabilities of the Company, whether arising in tort, contract or otherwise, shall be solely the debts, obligations and liabilities of the Company, and no Member or Manager of the Company shall be obligated personally for any such debt, obligation or liability of the Company solely by reason of being a Member or acting as a Manager of the Company. Each Manager of the Company shall, to the maximum extent permitted by the laws of Florida, have no personal liability to the Company or its Members for monetary damages for breach of fiduciary duty as a Manager, provided that this provision shall not eliminate or reduce the liability of a Manager in any case where such elimination or reduction is not permitted by law as of the date of the alleged breach.

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.



BY: _____

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in Fla. Stat. Ann. § 817.155.

BY: /s/ Fernando Degwitz (Organizer)
NAME: Fernando Degwitz
DATE: August 25, 2023

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