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Name:	Lithium Mf	3 LLC	
Document #:			
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Thank you!

COVER LETTER

TO:	New Filing Sec Division of Co				
SUBJE	CT)	Lithium	MF3, LLC		
SUBJE		Name of Li	mited Liabili	ty Company	
The en	closed Articles of	Organization and fee(s) a	re submitted	for filing.	
Please	return all corresp	ondence concerning this n	atter to the fo	ollowing:	
	Richard Si	nyder			
			Name of	Person	
	c/o Duane	Morris LLP			
			Firm/Co	mpany	
	100 High S	Street, Suite 2400			
	 .		Addre	ess	
	Boston, MA	A 02110			
			City/State and	d Zip Code	
		ianemorris.com E-mail address: (to be use	d for fiture a	nough report notificati	on)
		•		midar report notificati	ony
ror turti	ier information co	oncerning this matter, plea	se can:		
	Richard Sr	nyderat (_	617	974-8700	
	Nan		Area Code	Daytime Telephon	e Number
Enclos	ed is a check for	the following amount:			
□\$ 12	5.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New I Divisi P.O. I	ng Address Filing Section on of Corporations Box 6327 nassee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	ity Company is:		
Lithium MF3, LLC			
(Must con	atin the words "Limited	Liability Con	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	nddress of the principal o	office of the L	imited Liability Company is:
Princip	oal Office Address:		Mailing Address:
201 South Biscayne Miami, FL 33131	Boulevard, Suite 1410		201 South Biscayne Boulevard, Suite 1410 Miami, FL 33131
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an The name and the Florida street	y cannot serve as its own active Florida registration	i Registered A on.) d agent are:	d Agent's Signature: .gent. You must designate an individual or
	1200 South Pine Isla	and Road	
	Florida street addres		NOT acceptable)
	Plantation	FL	33324
	City	State	Zip
place designated in this certificate further agree to comply with the p	e, I hereby accept the app provisions of all statutes r bligations of my position C T Corporation Syst	pointment as re elating to the as registered tem	for the above stated limited liability company at the egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and I agent as provided for in Chapter 605, F.S Kendra Jesus, VP Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" = Manager	
MCD	long Inva
MGR	Jose Jara 201 South Biscayne Boulevard, Suite 1410
	Miami. FL 33131
	Wildilli, I E 33/31
MGR	Ignacio Barria
	201 South Biscayne Boulevard, Suite 1410
	Miami. FL 33131
MGR	Javier Solano
	201 South Biscayne Boulevard, Suite 1410
	Miami, FL 33131
	Lithium Comital Management, Com
AMBR	Lithium Capital Management, Corp.
	201 South Biscayne Boulevard, Suite 1410
	Miami, FL 33131
e of filing.) If the date inserted in this block do ument's effective date on the Depa	es not meet the applicable statutory filing requirements, this date will not be liste
LE VI: Other provisions, if any.	
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LE VI: Other provisions, if any.	
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LE VI: Other provisions, if any.	
LE VI: Other provisions, if any. REOUIRED SIGNATURE:	
LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature	of a member or an authorized representative of a member.
REOUIRED SIGNATURE: Signature This document	of a member or an authorized representative of a member. s executed in accordance with section 605:0203 (1) (b), Florida Statutes.
REOUIRED SIGNATURE: Signature This document I am aware that a	of a member or an authorized representative of a member. s executed in accordance with section 605:0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State
REOUIRED SIGNATURE: Signature This document I am aware that a	of a member or an authorized representative of a member. s executed in accordance with section 605:0203 (1) (b), Florida Statutes.
REOUIRED SIGNATURE: Signature This document I am aware that a	of a member or an authorized representative of a member. s executed in accordance with section 605:0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State d degree fellony as provided for in s.817.155, F.S.
REOUIRED SIGNATURE: Signature This document: I am aware that a constitutes a third	of a member or an authorized representative of a member. s executed in accordance with section 605:0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State d degree fellony as provided for in s.817.155, F.S.
REOUIRED SIGNATURE: Signature This document: I am aware that a constitutes a third	of a member or an authorized representative of a member. s executed in accordance with section 605:0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State d degree felony as provided for in s.817.155, F.S. Snyder

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)