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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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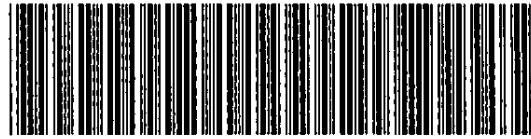
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13 JAN 22 PM 3:44
SECRETARY OF STATE
DALLAHASSEE, FLORIDA

JEAN BERNARD REBY

7220 SW 52 Court
Miami Fl, 33143
USA

Florida Department Of State
Registration Section
Division of Corporation
P.O.Box 6327
Tallahassee Fl, 32314
USA

Miami, 2013-01-16

Dear Sir,

Please find attached documents signed to register a new LLC.

Mango 7901 Investment LLC.-

Also a check # 1994 for 160 \$

Sincerely yours,


Jean Bernard REBY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Tel : 786 348 0595

Cell : 305 989 6789

Email : jbreby@yahoo.com

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mango 7901 Investment 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:

Felizitas Pollak Reby

Name of Person

Firm/Company

Address

7220 sw 52 Ct

City/State and Zip Code

Miami fl, 33143-5913

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

For further information concerning this matter, please call:

Jean B. Reby

Name of Person

at (**305**) **989 6789**

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mango 7901 Investment LLC.

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

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TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

7220 SW 52 CT
Miami Fl, 33143-5913

same

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:

Jean bernard Reby
Name

7220 SW 52 CT
Florida street address (P.O. Box **NOT** acceptable)
Miami Fl, 33143 FL
City, State, and 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 608, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Felizitas Pollak Reby

7220 SW 52 CT

Miami Fl, 33143

MGRM

Jean Bernard Reby

7220 SW 52 CT

Miami Fl, 33143

(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.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

FELIZITAS POLLAK REBY

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)