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(Address)				
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(Business Entity Name)				
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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT:	MANGFRA (Name of Limited	AN LLC I Liability Company)		v •
The enclosed Articles o	f Organization and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
M	ARIA DE LO	Name of Person)	ARTINEZ-	-
,	(F	Firm/Company)		_
33	DD NE 144	Stroet (Address)		_
_ Nor	th Miami	Black F	. 33160-	
-	(City/S	State and Zip Code)	SECR	07 ↓
For further information	concerning this matter, please c	:all:	HASS	
ANA CA	STICLO	at (305) 40 9	7-9365	
(Name	of Person)	(Area Code & Daytime T	elephone Number) ORIGINATION	3
Enclosed is a check for	or the following amount:		D ''!	_
\$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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	:	
MANGFRAN (Must end with the words "Limited Liability Company, "Limit		
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Liability Com	npany is:
Principal Office Address:	Mailing Address:	
North Miam Black P. 33160	Same	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	istered Agent. You must designate an individual or apother	0
The name and the Florida street address of the Part And Case Name	15/10 ASSE	7 JAN 10
3322 NE	E 1(0(0 St.	

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 (REOURED)

(CONTINUED) Page 1 of 2

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
PRES	Maria de Lourdes Mortinez 3377 NE 1106 St. North Miami Beach, Fz. 33160
	SEC ALL
	ARE AN ARE AN AREA AREA AREA AREA AREA A
	SFE A TI
	SAA 2
(Use attachment if necessary)	OF -
ARTICLE V: Effective date, if other than the date	e of filing: (OPTIONAL)
If an effective date is listed, the date must be specio or 90 days after the date of filing.)	ecific and cannot be more than five business days prior
DECHIDED SIGNATUDE.	

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.)

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)