

# L00000003749

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. MANA GROUP L.L.C. (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_
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- Walk in     Pick up time 2.00     Certified Copy
- Mail out     Will wait     Photocopy     Certificate of Status

RECEIVED  
 00 MAR 14 AM 10:43  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA  
 00 APR -3 AM 10:57  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 FILED

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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 \*\*\*\*155.00 \*\*\*\*155.00

Examiner's Initials \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

March 14, 2000

LAZARUS

SUBJECT: MANA GROUP, L.L.C.  
Ref. Number: W00000006764

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TALLAHASSEE, FLORIDA

We have received your document for MANA GROUP, L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline  
Document Specialist

Letter Number: 700A00013967

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I-Name**

The name of the Limited Liability Company is:

MANA, Group P.L.L.C.

**ARTICLE II-Address:**

1552 N.E. 8 Street Apt. # 102  
Homestead, Florida 33033

**ARTICLE III-Duration:**

The period of duration for the Limited Liability Company shall be:

The period is perpetual

**ARTICLE IV-Management:**  
(check and complete the appropriate statement)

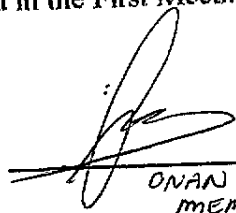
The limited Liability Company is to be managed by a manager or managers and the name (s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

ONAN MENDEZ  
1552 N.E. 8 Street Apt. 102  
Homestead, Florida 33033

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

ONAN MENDEZ  
1552 N.E. 8 Street Apt. 102  
Homestead, Florida 33033

By Law will be Amended in the First Meeting of the Board of Directors of this company

  
ONAN MENDEZ  
MEMBER

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATED OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited company is: MANA ~~GROUP~~ L.L.C.
2. The name and address of the registered agent and office is:

ONAN MENDEZ  
1552 N.E. 8 Street, Apt. 102  
Homestead, Florida 33033

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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

Onan Mendez  
(SIGNATURE)

3-10-08  
(DATE)