L04000040315

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





600036470416

05/19/04--01028--015 **125.00

10 :6 MY 61 AW %

SECRETARY OF SIATE DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

SUBJECT: MANGO INVESTMENTS, LLC			.c		
	(Name of Limit	ed Liability Comp	any)		
The enclosed Articles	of Organization and fee(s) are	submitted for filin	g.		
	Please return all corresponde	ence concerning th	is matter to the following:		
MANUEL E. GOMEZ					
		(Name of Person)			
MANGO INVESTMENTS, LLC					
,		(Firm/Company)			
	650 WE	ST AVENUE AP	T. # 2011		
		(Address)			
	MIAMI BEACH, FLORIDA 33139				
	(Cit	y/State and Zip Code	e)		
For further information	concerning this matter, please	e call:			
MANUEL	. E. GOMEZ	at (305	439- 6418		
(Name of Person)		(Area Code	& Daytime Telephone Number)		

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MANGO INVESTME	NTS, LLC	
ARTICLE II - Ad	idress:	of the principal office of the Limited Liability Company
Principal Office A	ddress:	Mailing Address:
650 WEST AVENUE APT. # 2011		650 WEST AVENUE APT. # 2011
MIAMI BEACH, FLORIDA 33139		MIAMI BEACH, FLORIDA 33139
		egistered Office, & Registered Agent's Signature: s of the registered agent are:
	Florida street addre	
	Florida street addre	s of the registered agent are:
	Florida street addre MA 650 WES	s of the registered agent are: NUEL E. GOMEZ Name
	Florida street addres MA 650 WES Florida street a	NUEL E. GOMEZ Name T AVENUE APT. # 2011 Iddress (P.O. Box NOT acceptable) FLORIDA 33139
	Florida street addres MA 650 WES Florida street a	NUEL E. GOMEZ Name T AVENUE APT. # 2011 Iddress (P.O. Box NOT acceptable)
g been named as regis iny at the place design act in this capacity implete performance o	Florida street addres MA 650 WES Florida street a MIAMI Contacted agent and to a mated in this certifical I further agree to co of my duties, and I a	NUEL E. GOMEZ Name T AVENUE APT. # 2011 Iddress (P.O. Box NOT acceptable) FLORIDA 33139 Ity, State, and Zip ccept service of process for the above stated limited liabilities, I hereby accept the appointment as registered agent an amply with the provisions of all statutes relating to the proper in familiar with and accept the obligations of my position and for in Chapter 608, Florida Statutes.
g been named as regis iny at the place design act in this capacity implete performance o	Florida street addres MA 650 WES Florida street a MIAMI Contacted agent and to a mated in this certifical I further agree to co of my duties, and I a	NUEL E. GOMEZ Name T AVENUE APT. # 2011 Iddress (P.O. Box NOT acceptable) FLORIDA 33139 Ity, State, and Zip ccept service of process for the above stated limited liability the, I hereby accept the appointment as registered agent an amply with the provisions of all statutes relating to the proper in familiar with and accept the obligations of my position of a statute of the provisions of the obligations of my position of the provisions of the obligations of my position of the provisions of the obligations of my position of the provisions of the obligations of my position of the provisions of the obligations of my position of the obligations of my position of the provisions of the obligations of my positions of the obligations of the obliga

Page 1 of 2 (CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	MANUEL E. GOMEZ
	WEST AVENUE APT. # 2011
	MIAMI BEACH, FLORIDA 33139
MGRM	CRISTINA E. DIEPPA
-	WEST AVENUE APT. # 2011
	MIAMI BEACH, FLORIDA 33139
(
(Use attachment if necessary)	
NOTE: An additional article must be a	added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member or an au	thorized representative of a member.
(In accordance with section 603.4)	08(3), Florida Statutes, the execution
(III accordance with section 00004	oogs, rionaa statutes, the execution

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

04 MAY 19 AM 9: 09

of this document constitutes an affirmation under the penalties of perjury

MANUEL E. GOMEZ
Typed or printed name of signee

that the facts stated herein are true.)