000571691

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

Office Use Only



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C. Tentrak JUL 7 0 7000

COVER LETTER

TO:	Registration Se Division of Co				
SUBJE	CCT: Mango	o's Unique interiors (Name of Limited	LLC.	ıny)	
The en	closed Articles of	f Organization and fee(s) are so	abmitted for filing	<u>;</u> .	
Please	return all corresp	ondence concerning this matte	r to the following	:	
	Paige Bo	ehlke			
		(I	Name of Person)		
	Mango's เ	unique interiors			
		(Firm/Company)		
	2239 Ve	ro Beach Ave.			
			(Address)		
	Vero Bea	ach/ FL. 32960			
		(City/	State and Zip Code)	
For fur	ther information	concerning this matter, please	call:		
Paig	e Boehlke		at (772	473-89	67
		of Person)	at (772)	& Daytime To	elephone Number)
Enclos	ed is a check fo	or the following amount:			
\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy i	<i>y</i>	\$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	Registration Division Clifton B 2661 Exe	ourier Addression Section of Corporation uilding octive Center ee. FL 32301	ns



July 10, 2006

PAIGE BOEHLKE MANGO'S UNIQUE INTERIORS 2239 VERO BEACH AVE. VERO BEACH, FL '32960

SUBJECT: MANGO'S UNIQUE INTERIOR LLC

Ref. Number: W06000030483

We have received your document for MANGO'S UNIQUE INTERIOR LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must be signed by a member or an 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) 245-6911.

Letter Number: 206A00044354

Brenda Tadlock Senior Section Administrator

ARTICLES OF OR	GANIZATION FOR	FLORIDA LIMITED LIABILITY C	OMPAN
ARTICLE I - Name			JUL 19
Mango's unique ir (Must end with the words "		imited Company" or their abbreviation "LLC," or "L.C.,	PH 1: 00
ARTICLE II - Add The mailing address		e principal office of the Limited Liability (Company is
Principal Office Ad	dress:	Mailing Address:	
2239 Vero beach ave Vero Beach, FL 3296		2239 Vero Beach Ave. Vero Beach, Fl 32960	
	pany cannot serve as its own Re	red Office, & Registered Agent's Signat egistered Agent. You must designate an individual or an	
The name and the Flo	orida street address of th	ne registered agent are:	
<u> </u>	Paige Boehlke		SIMEDATE
	Nar	me	1106
2	239 Vero Beach Av	e.	41
_	Florida street	address (P.O. Box NOT acceptable)	
<u>\</u>	/ero Beach	_{FL} 32960	
	City, Stat	te, and Zip	
		to accept service of process for the above st in this certificate, I hereby accept the appoi	

Registered Agent's Signature (REQUIRED)

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..

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Rita Miller "MGRM"	1635 24th Ave.
	Vero Beach, FL 32960
Paige Boehlke "MGR"	2239 Vero Beach Ave.
_	Vero Beach, fl 32960
	
(Use attachment if necessary)	
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.)	
LE V: Effective date, if other than fective date is listed, the date mu days after the date of filing.)	n the date of filing: September 1st, 2006 (OPTION set be specific and cannot be more than five business d
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.)	
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE:	
LE V: Effective date, if other than fective date is listed, the date mu days after the date of filing.) REQUIRED SIGNATURE: Signature of a me of this document of this document of this document of the state of th	est be specific and cannot be more than five business d

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Fees: