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	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:	
		3/3/
	Office Use Only	()



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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

Division of Co						
SUBJECT: Mangue	ra LLC					
5020261.	(Name of Limite	ed Liability Comp	any)		_	
The enclosed Articles o	f Organization and fee(s) are s	submitted for filin	ıg.			
Please return all corresp	ondence concerning this matt	er to the followin	g:			
Andres J La	Brada JR				. , :	
		(Name of Person)		<u> </u>	 :	• •
		-		and the second second	Marin.	 ;
		(Firm/Company)				
8837 Harding	g Ave				2	
<u></u>		(Address)			商素	
Surfside, FL	33154	_		.	温 2	F
	(City	//State and Zip Cod	e)		一篇 圣	U
For further information	concerning this matter, please	call:			er State	; >
Andy LaBrada		at (323	8992422			
(Name	of Person)		le & Daytime To	elephone Number)	<u> </u>	
Enclosed is a check for	or the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 F Certified Cop (additional copy	у	\$160.00 Filin Certificate of St Certified Copy (additional copy is	tatus &	•
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton I 2661 Ex	fourier Addrestion Section of Corporation Suilding ecutive Center see, FL 32301	ns · Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	is:
Manguera LLC (Must end with the words "Limited Liability Company, "Lin	nited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8837 Harding Ave Surfside, FL 33154	8837 Harding Ave Surfside, FL 33154
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the	ed Office, & Registered Agent's Signature: Right Sistered Agent. You must designate an individual or another
Andres J LaBrada JR	
Nam	ne
8837 Harding Ave	
Florida street a	nddress (P.O. Box NOT acceptable)
Surfside, FL 33154 City, State	FL c, and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited at this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Manager	Name and Address:
"MGRM" = Managing Member MGR	Andres J LaBrada JR 8837 Harding Ave Surfside, FL 33154
MGR	Jose L. Martinez 110 W. 44 st Hialeah, FL 33012
	E STATE OF STATE
(Use attachment if necessary)	E ST
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.)	be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	Q/\/\/
Signature of a memb	per or an authorized representative of a member.
(In accordance with s	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

Andres J LaBrada JR

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)