(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

•	TO: Registration Section Division of Corporations
	SUBJECT: Mango Bros. 24 hr Moyers Name of Limited Liability Company
	The enclosed Articles of Organization and fee(s) are submitted for filing.
	Please return all correspondence concerning this matter to the following:
•	Jermaine Mango Name of Person
	Firm/Company
	2001 od St Augustine Rd Apt A101
	TOUGHASSEC, HONGO 32301 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
	For further information concerning this matter, please call:
`	Jemaine Mango at (850) 431-1765. Name of Person Daytime Telephone Number
	Enclosed is a check for the following amount:
	\$125.00 Filing Fee Certificate of Status Certificate of Status 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Manab Bros. 24h? (Mist end with the words "Limited Liabilis	MOVOS LLC ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	the Limited Liability Company is:
Principal Office Address: Ma	iling Address:
2001 Oct Stauchustine Pd.	SAME
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent and the Florida street address of the registered agent and the Florida street address (P.O. Box NOT City	2 23()
Having been named as registered agent and to accept service of the place designated in this certificate, I hereby accept the appropriate. I further agree to comply with the provisions of all strong of my duties, and I am familiar with and accept the obligation Chapter 605. Registered Agent's Signature (Registered Agent's Signature (Registered Agent's Signature)	pointment as registered agent and agree to act in this atutes relating to the proper and complete performance is of my position as registered agent as provided for in F.S
(CONTINUED)	

Page 1 of 2

<u>[itle:</u> AMBR" = Authorized Member	Name and Address:
MBR" = Authorized Member	AMBR Termine Mai 2007 A STAINBHILLE PO. 32
se attachment if necessary)	
V: Effective date, if other than the date tive date is listed, the date must be spe	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or
V: Effective date, if other than the date tive date is listed, the date must be spefiling.) VI: Other provisions, if any. EQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or
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