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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

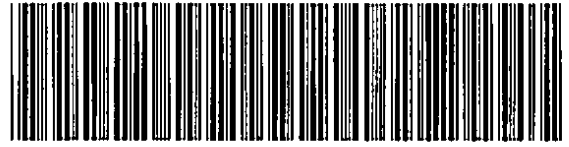
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Derrick T.

**COVER LETTER**

TO: New Filing Section  
Divisions of Corporations

SUBJECT: MangoMae, LLC  
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:

Cathleen A. Romaguera  
Name of Person

Mango Mae, LLC  
Firm/Company

2414 Bay Village Ct.  
Address

Palm Beach Gardens, FL 33410  
City/State and Zip Code

Rromag2746@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cathleen A. Romaguera:  
Name of Person

(561) 310-0617  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

(additional copy enclosed)

☐ \$160.00 Filing Fee, Certificate of  
Status & Certified Copy

(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I – Name:

The name of the Limited Liability Company is:

**Mango Mac, LLC**

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

**Principal Office Address:**

2414 Bay Village Ct  
Palm Beach Gardens, FL  
33410

**Principal Office Address:**

2414 Bay Village Ct  
Palm Beach Gardens, FL  
33410

## Article III – Registered Agent, Registered Office, & Registered Agent's Signature:

(The limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida Registration.)

**Romaguera Law Group, PA**

Name

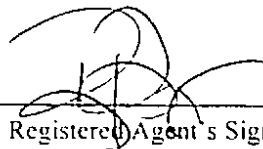
**11911 U.S. 1, # 303**

Florida Street address (P.O. Box Not acceptable)

**North Palm Beach, FL 33408**

City/State/Zip

*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 as provided for in Chapter 605, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

#### ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized member

"MGR" = Manager

**Name and Address:**

MGR

Cathleen A. Romaguera

2414 Bay Village Ct

Palm Beach Gardens, FL 3310

(Use attachment if necessary)

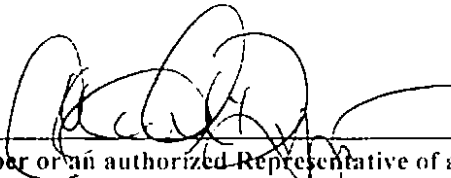
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (Optional)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's Records

**Article VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized Representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes.

I am aware that any false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in s.817.155, F.S.

Cathleen A. Romaguera

Type 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)