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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ARTURO J. BRAVO ESQ., P.A.
Account Number : I20220000098
Phone : (786)374-2372
Fax Number : (786)416-6145

2022 JUN -7 AM 10:05
JULIUS A. DE STAFF
ALLIANCE, FLORIDA

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: TEAM@CROSSWISE.LEGAL

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CORPORATIONS
COMMERCIAL
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**FLORIDA LIMITED LIABILITY CO.
MANGO KING FRANCHISING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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H22000196818 3**COVER LETTER**

**TO: New Filing Section
Division of Corporations**

MANGO KING FRANCHISING, LLC

SUBJECT: _____
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:

JORGE A HINCAPIE

_____	Name of Person
ARTURO J BRAVO ESQ, P.A.	
_____	Firm/Company
3105 NW 107TH AVE, STE 603	
_____	Address
DORAL, FL 33172	
_____	City/State and Zip Code
TEAM@CROSSWISELEGAL	
E-mail address: (to be used for future annual report notification)	

RECEIVED
TALLAHASSEE, FLORIDA

2022 JUN -7 AM 10:05

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For further information concerning this matter, please call:

Arturo Bravo	786	3742372
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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H22000196818 3**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

MANGO KING FRANCHISING, LLC

(Must contain the words "Limited Liability 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:6850 NW 173 DRUNIT 106HIALEAH, FL 33015**Mailing Address:**6850 NW 173 DRUNIT 106HIALEAH, FL 33015**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.)

The name and the Florida street address of the registered agent are:

ARTURO J BRAVO ESQ. P.A.

Name

3105 NW 107TH AVENUE, STE 603Florida street address (P.O. Box **NOT** acceptable)DORALFL33172

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..

/Arturo J. Bravo/

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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L.L.C.

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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

JORGE A HINCAPIE
6850 NW 173 DR, UNIT 106
HIALEAH, FL 33015

MBR

MARIA A HINCAPIE
6850 NW 173RD DR, UNIT 106
HIALEAH, FL 33015

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 06/06/2022 (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.

TO ENGAGE IN ANY LAWFUL ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED IN THIS STATE.

REQUIRED SIGNATURE:/Jorge A. Hincapie/**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.

JORGE A HINCAPIE

Typed or printed name of signer

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)

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