L23000 307790

| | (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: |
| | |
| | |
| | |
| | Office Use Only |



300410873933

06/28/23--01001--001 **155.00



COVER LETTER

| TO: New Filing Se Division of Co | | | | |
|---|---|-----------------------------------|----------------------------------|---|
| SUBJECT: MANGO | BICHE INVESTMENT C | ORP | | |
| 30B.H.CT. | (Name of Rest | ilting Florida Lin | ited Com | pany) |
| The enclosed Articles Business Entity" into | of Conversion, Articl a "Florida Limited Lia | es of Organiza ability Compar | tion, and ly" in ac | lifees are submitted to convert an "Oth cordance with s. 605.1045, F.S. |
| Please return all corre. | spondence concerning | this matter to | | |
| BERENICE IPIA-FELIC | IANO | | | |
| | (Contact Person) | | ·—· | |
| PRATS FERNANDEZ 8 | CO | | | |
| | (Firm/Company) | | | |
| 999 PONCE DE LEON | BLVD, STE, 1110PH | | | |
| | (Address) | | _ | |
| CORAL GABLES, FL 3 | 3134 | | | |
| | ity, State and Zip Code) | | _ | |
| ADMIN@PRATSFERN | | | | |
| E-mail Address: (to be | used for future annual rep | ort notifications) | _ | |
| For further information | n concerning this mat | ter, please call | : | |
| BERENICE IPIA-FELIC | ONAL | _at (|)_444_8 | 333 |
| (Name of Contac | t Person) | (Area Coc | e) (Day | time Telephone Number) |
| Enclosed is a check following and drawn on a | or the following amou a bank located in the l | nt: (All checks United States) | process | ed by this office must be payable in U |
| S150,00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | ■\$155.00 Filing Fees and Certificate of Status | □\$180.00 Fili and Certified C | | S185,00 Filing Fees, Certified Copy, and Certificate of Status |
| Mailing Addr New Filing Se Division of Co P.O. Box 6327 Tallahassee, F | ction orporations 7 | | New I Divisi The C 2415 | Address: Filing Section on of Corporations centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303 |

Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

| | (Enter Name of Other Business Entity) | |
|-----------------|--|------|
| 2. The "Ot | P22000040075 her Business Entity" is a | |
| | (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, et | lc.) |
| First organ | zed, formed or incorporated under the laws of | |
| 05/11/20 on_ | 22 | |
| (date of c | rganization, formation or incorporation) | |
| | e of the Florida Limited Liability Company as set forth in the attached Articles of Organization | ı: |
| MANGO BI | CHE 830, LLC | |
| | (Enter Name of Florida Limited Liability Company) | |
| 4. If not ef | fective on the date of filing, enter the effective date: | |
| (The effect | ive date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days afte is document is filed by the Florida Department of State.) | :r |
| | late inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the fective date on the Department of State's records. | |
| 5. The plan | of conversion has been approved in accordance with all applicable statutes. | |
| | verted or Other Business Entity" has agreed to pay any members having appraisal rights the adjoint to ch members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. | É |
| | | アア |

| Signed this 20TH day of JUNE | h 1 | |
|---|--|---------------------|
| Signature of Authorized Representative of Limit | // / / | |
| Signature of Authorized Representative: Printed Name: OMARA URREA AMAYA | Title: MGR | |
| Signature(s) oir behalf of Other Business Entity: | See below for required signature(s)] | |
| Signature: OMAR A URREA AMAYA | Title: PRESIDENT | |
| Signature:Printed Name: | _ Title: | |
| Signature:Printed Name: | Title: | |
| Signature:Printed Name: | _ Title: | |
| Signature:Printed Name: | _ Title: | |
| Signature:Printed Name: | Title: | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc. | | |
| If Florida General Partnership or Limited Liabilit Signature of one General Partner. | v Partnership: | |
| If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners. | y Limited Partnership: | \mathcal{Z}_{c_i} |
| All others: Signature of an authorized person. | | 2013 JUN 27 PM 1: |
| Fees: | | |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) | FD W 1.25 |
| | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| (Must contain the words "Limited I | Ciability Company, "L.L.C.," or "LLC.") |
|---|--|
| ARTICLE II - Address: | |
| The mailing address and street address of t | the principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 999 DE PONCE DE LEON BLVD. | P O BOX 140970 |
| STE. 1110PH | CORAL GABLES, FL 33114 |
| CORAL GABLES, FL 33134 | |
| (The Limited Liability Company cannot serve as its own | stered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another |
| (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of | Registered Agent. You must designate an individual or another |
| (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) | Registered Agent. You must designate an individual or another |
| (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of PRATS, FERNANDEZ 8 | the registered agent are: A CO., P.A. Name Registered Agent. You must designate an individual or another A CO., P.A. Registered Agent. You must designate an individual or another A CO., P.A. Registered Agent. You must designate an individual or another A CO., P.A. Registered Agent. You must designate an individual or another A CO., P.A. Registered Agent. You must designate an individual or another A CO., P.A. Registered Agent. You must designate an individual or another A CO., P.A. Registered Agent. You must designate an individual or another A CO., P.A. Registered Agent. You must designate an individual or another A CO., P.A. Registered Agent. You must designate an individual or another A CO., P.A. Registered Agent. You must designate an individual or another A CO., P.A. Registered Agent. You must designate an individual or another A CO., P.A. Registered Agent. You must designate an individual or another A CO., P.A. Registered Agent. You must designate an individual or another A CO., P.A. Registered Agent. You must designate an individual or another A CO., P.A. Registered Agent. You must designate an individual or another A CO., P.A. Registered Agent. You must designate an individual or another A CO., P.A. Registered Agent. You must designate an individual or another A CO., P.A. Registered Agent. You must designate an individual or another A CO., P.A. Registered Agent. You must designate an individual or another A CO., P.A. Registered Agent. You must designate an individual or another A CO., P.A. Registered Agent. You must designate an individual or another A CO., P.A. Registered Agent. You must designate an individual or another A CO., P.A. Registered Agent. You must designate an individual or another A CO., P.A. Registered Agent. You must designate an individual or another A CO., P.A. Registered Agent. You must designate an individual or another another another another another and another another another another another another another another another anothe |
| (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of PRATS, FERNANDEZ 8 | The registered agent are: A CO., P.A. Name |
| (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of PRATS, FERNANDEZ & | The registered agent are: A CO., P.A. Name BLVD. STE. 1110PH (P.O. Box NOT acceptable) |
| (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of PRATS, FERNANDEZ & | the registered agent are: Co., P.A. |

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

1.825

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

| Title: | Name and Address: |
|---------------------------------|------------------------|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | |
| MGR | OMAR A URREA AMAYA |
| | P.O. BOX 140970 |
| | CORAL GABLES, FL 33114 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| ((| |
| | |
| LE V: Other provisions, if any, | |
| LE V. Other provisions, it any. | |
| | |
| | |
| | |
| | |
| REQUIRED SIGNATURE | |
| | |
| | |
| | |

Typed or printed name of signce

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)

any false information submitted in a document to the Department of State constitutes a third degree felony

as provided for in \$.817.155, F.S.

OMAR A URREA AMAYA