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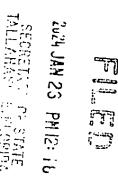
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Special Instructions to	Filing Officer:	
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T.5H 2/20/24

COVER LETTER

TO:	Registration Section Division of Corporations
	FRANCISCO MANDADO, LLC
SUBJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	FRANCISCO MANDADO TORRES
	Name of Person
	FRANCISCO MANDADO, LLC
	Firm/Company
	7503 N COOLIDGE AVE
	Address
	TAMPA, FL 33614
	City/State and Zip Code
	FRANKEVA2022@GMAIL.COM E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	FRANCISCO MANDADO TORI 813 965-7473
	Name of Person Area Code Daytime Telephone Number
	of Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)
	Mailing Address Street Address Nam Filipp Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FRANCISCO MANDADO, LLC (Must end with the words "Limited")	Liability Company, "L.L.C" or "LLC.")
RFICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7503 N COOLIDGE AVE	7503 N COOLIDGE AVE
TAMPA, FL 33614	TAMPA, FL 33614

FRANCISCO MANDADO TORRES

Name

7503 N COOLIDGE AVE

Florida street address (P.O. Box NOT acceptable)

TAMPA TAMPA 33614

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)

Page 1 of 2

FILL L

	<u>ïtle:</u>		Name and Address:
	AMBR" = Authorized	Member	
	MGR" = Manager		
<u> </u>	AMBR		FRANCISCO MANDADO TORRES
			7503 N COOLIDGE AVE
			TAMPA, FL 33614
λ	4GR		
_			
			<u> </u>
_			
J)	Jse attachment if neces	ssary)	
1011	AT TOPO . T. B. CO.		
ICLE	V: Effective date, if or	her than the date of filing:	(OPTIONAL)
a effect	tive date is listed, the	ther than the date of filing: date must be specific and	(OPTIONAL) I cannot be more than five business days prior to or 90 days at
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FRANCISCO MANDADO TORRES

Typed or printed p

constitutes a third degree felony as provided for in s.817.155, F.S.

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)

ARTICLE IV-

Page 2 of 2

SECRETARY OF STATE