

M1800002041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

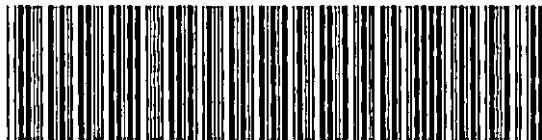
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Cert W18-11039

Office Use Only



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02/01/18--01013--028 **160.00

FILED
18 FEB 27 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C SIMMONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2018

JEAN-PIERRE FONSECA
8551 W SUNRISE BLVD, #100
PLANTATION, FL 33322

SUBJECT: MANGUSTA CONSULTING LLC
Ref. Number: W18000011039

We have received your document for MANGUSTA CONSULTING LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 518A00002274

RECEIVED

FEB 27 2018

Hi

Attached :

- Certificate of Good Standing
- Certificate validation

Thank you .

J P Fonseca

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MANGUSTA LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jean-Pierre FONSECA
Name of Person

RBF TRUST LLC
Firm/Company

8551 W SUNRISE BLVD #100
Address

PLANTATION, FL 33322
City/State and Zip Code

JOAOFONSECA12@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joao FONSECA at 954, 452 0030
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

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

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MANGUSTA LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")
MANGUSTA CONSULTING LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. WYOMING 3. 82-3646578
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 02/01/2018
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 2637 E ATLANTIC BLVD 6. 2637 E ATLANTIC BLVD
(Street Address of Principal Office) (Mailing Address)
#34702 #34702
POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Josh WARREN

Office Address:

2637 E ATLANTIC BLVD #34702
POMPANO BEACH, Florida FL 33062
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Manager

Jean-Pierre MARELLE
2637 E ATLANTIC BLVD #34702
POMPANO BEACH

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

(Signature of an authorized person)

Typed or printed name of signee

Josh WARREN

18 FEB 27 11 59 AM
FILE
SECRETARY OF STATE
FLORIDA

STATE OF WYOMING
Office of the Secretary of State

I, KAREN L. WHEELER, ACTING SECRETARY OF STATE of the STATE OF WYOMING,
do hereby certify that according to the records of this office,

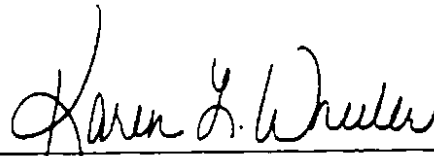
mangusta llc
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **December 12, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000780015**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 15th day of February, 2018 at 2:00 PM. This certificate is assigned 025563325.





Acting Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.