

L14000029462

(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



600256434996

02/10/14--01016--014 **130.00

EFFECTIVE DATE

2/6/14

FILED

2014 FEB 10 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan

FEB-20 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Top Hat Property Maintenance & Landscaping 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:

Maribel Ramos

Name of Person

Firm/Company

6715 Clark St,

Address

Hudson, FL 34667

City/State and Zip Code

mrmos1120@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maribel Ramos

Name of Person

at (727)

Area Code

534-0336

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 is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street/Courier Address

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2014

MARIBEL RAMOS
6715 CLARK STREET
HUDSON, FL 34667

SUBJECT: TOP HAT PROPERTY MAINTENANCE & LANDSCAPING LLC
Ref. Number: W14000009263

We have received your document for TOP HAT PROPERTY MAINTENANCE & LANDSCAPING LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Neysa Culligan
Regulatory Specialist II

Letter Number: 714A00003185

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Top Hat Property Maintenance & Landscaping LLC.
(Must end with 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:

6715 Clark St
Hudson, FL
34667

Mailing Address:

6715 Clark St
Hudson, FL
34667

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:

Maribel Ramos
Name
6715 Clark St
Florida street address (P.O. Box **NOT** acceptable)
Hudson FL 34667
City Zip

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TALLAHASSEE, FLORIDA

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..

Maill R
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

AmBR

AmBR

MGR

Name and Address:

Maribel Ramos
6715 Clark St.
Hudson, Fl. 34667

Wilfredo Rodriguez
16208 Larson Ln
Hudson, Fl. 34667

Julio A. Ojeda-Acevedo
14933 Flowers Dr. Apt. 1
Hudson, Fl. 34667

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 02/06/14 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Maribel Ramos

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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

Maribel Ramos
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA