

L14000069772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

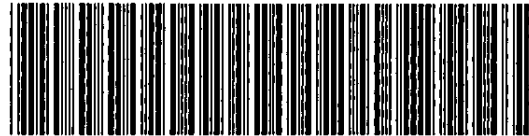
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers APR 30 2014

64



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2014

CHANDA PRASHAD-RAMIREZ
10831 CARLOWAY HILLS DR
WIMAUMA, FL 33598

SUBJECT: MOWERS & MORE, LLC
Ref. Number: W14000025124

We have received your document for MOWERS & MORE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an *individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.*

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 214A00008467

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mowers & More

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:

Chanda Prashad-Ramirez

Name of Person

Mowers & More

Firm/Company

10831 Carloway Hills Dr

Address

Wimauma, FL 33598

City/State and Zip Code

mowersandmore2765@gmail.com

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

For further information concerning this matter, please call:

Chanda Prashad-Ramirez

Name of Person

at (813)

Area Code

431-5946

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mowers & More 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:

Mailing Address:

Mowers & More LLC.
2765 Placida Rd
Englewood, FL 34224

Chanda Prashad-Ramirez
10831 Carloway Hills Dr
Wimauma, FL 33598

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:

~~Mowers & More~~ Chanda Prashad-Ramirez
Name

2765 Placida Rd.
Florida street address (P.O. Box **NOT** acceptable)
Englewood FL 34224
City 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.

Chanda Prashad-Ramirez
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Chanda Prashad-Ramirez

10831 Carloway Hills Dr

Wimauma, FL 33598

AMBR

Rudolph Ramirez

10831 Carloway Hills Dr

Wimauma, FL 33598

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

Chande Prashad-Ramirez

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.)

Chanda Prashad-Ramirez

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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