

L14000096687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

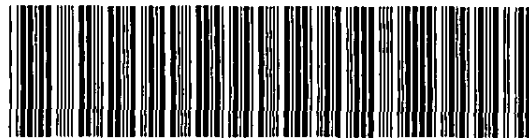
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 JUN 16 AM 9:07  
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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 13, 2014

EXPRESS

CORAL GABLES, FL

SUBJECT: MP PLANTS LLC  
Ref. Number: W14000036772

We have received your document for MP PLANTS LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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.

Tammi Cline  
Regulatory Specialist II

Letter Number: 614A00012827

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1000 Ponce de Leon Blvd. Suite: 105  
Coral Gables, FL 33134  
Phone: 305-444-4994  
Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. MP PLANTS LLC

(CORPORATE NAME)

(DOCUMENT #)

2.

(CORPORATE NAME)

(DOCUMENT #)

3.

(CORPORATE NAME)

(DOCUMENT #)

2014 JUN 16 AM 9:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

☐ Walk-In

☒ Pick up time: 1

☒ Certified Copy

☐ Certificate Of Status

New Filings	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY****COMPANY**

The undersigned incorporate(s), for the purpose of forming a Florida Limited Liability Company pursuant to Chapter 605, Florida Statutes.

**ARTICLE I****NAME**

The name of the Limited Liability Company is:

**MP PLANTS LLC**

**ARTICLE II****ADDRESS**

The mailing address and physical address of the principal office of the Limited Liability Company is:

**16401 SW 232 STREET  
MIAMI FL 33170**

**ARTICLE III****REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S****SIGNATURE**

The name and the Florida street address of the registered agent is:

**FELIX D MUNOZ  
16401 SW 232 STREET  
MIAMI FL 33170**

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

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position as registered agent as provided for in Chapter 605, F.S.

By: 

**FELIX D MUNOZ**  
Registered Agent

**ARTICLE IV**

**Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title**

**Name and Address:**

**MGRM**

**FELIX D MUNOZ**  
16401 SW 232 STREET  
MIAMI FL 33170

2014 JUN 16 AM 9:08  
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TALLAHASSEE, FLORIDA

  
FELIX D MUNOZ

**ARTICLE V**

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.

Felix D. Munoz

Typed or printed name of signee