## 117000150506

| (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



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08/23/17--01005--013 \*\*125.00

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## **COVER LETTER**

|               | New Filing Section<br>Division of Corporations                              |   |
|---------------|---|---|
| SHRIFC        | MUSTARD SEED CONSTRUC   | TION LLC  |
| new.          | Name o  | Limited Liability Company   |
| The enclo     | sed Articles of Organization and fee(                                       | s) are submitted for filing.  |
| Please reti   | urn all correspondence concerning thi                                       | s matter to the following:  |
|               | SANDY DIAZ  |   |
|               |   | Name of Person  |
|               | MUSTARD SEED CONSTRUCTI   | ON LLC  |
|               |   | Firm/Company  |
|               | 6435 SW 130 AVE   |   |
|               |   | Address   |
|               | MIAMI, FL 33183   |   |
|               | SANDYDIAZ007@GMAIL.COM  | City/State and Zip Code   |
|               | E-mail address: (to be u  | sed for future annual report notification)  |
| For further i | nformation concerning this matter, plant                                    | ease call:  |
|               | SANDY DIAZ  | 786 817-9295<br>()_   |
|               | Name of Person  | Area Code Daytime Telephone Number  |
| Enclosed is   | a check for the following amount:   |   |
| \$125.00 Fi   |   | \$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|               | Mailing Address  New Filing Section  Division of Corporations P.O. Box 6327 | Street Address  New Filing Section  Division of Corporations  Clifton Building  |

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Date of this notice: 06-26-2017

Employer Identification Number:

82-1978201

Form: SS-4

Number of this notice: CP 575 G

MUSTARD SEED CONSTRUCTION LLC SANDY DIAZ SR SOLE MBR 6435 SW 130 AVENUE APT 303 MIAMI, FL 33183

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

## WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 82-1978201. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

## IMPORTANT REMINDERS:

- Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is MUST. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Fax: 850-245-6808

Attu: Jessica A. Fason

Subjects! Mustard Seed Construction LLC. Strong Tower Development LLC

Pages: (Including this)

Thanksl

Dry questions please call me at. 305-273-8930

Teresa Rodriguez

| ARTICLES OF  | ORGANIZATION FOR.           | FLORIDALI                                      | MITED LIABILITY COMPA         | NY                      |
|--|-----------------------------|--|-------------------------------|-------------------------|
| ARTICLE I - Name:<br>The name of the Limited Liabili   | y Company is:               |  |                               |                         |
| MUSTARD SEED O   | ONSTRUCTION LLC             |  |                               |                         |
| (Must cont   | ain the words "Limited      | Liability Cor                                  | npany, "L.L.C.," or "LLC.";   | )                       |
| ARTICLE II - Address:<br>The mailing address and street a  |                             |  |                               |                         |
| <u>Princip</u>   | l Office Address:           |  | Mailing A                     | <u>.ddress</u> :        |
| 6435 SW 130 AVF.   |                             |  | 6435 SW 130 AVE               |                         |
| MIAML FLORIDA  | 3183                        |  | MIAML FLORIDA 3318            | 3                       |
| (The Limited Liability Company<br>another business entity with an a<br>The name and the Florida street a   | cuve rionda registration    | 1.)  |                               |                         |
|  | OFFICE DIAZ                 | Name   |                               | -                       |
|  | 6435 SW 130 AVE             |  |                               |                         |
|  | Florida street address      | (P.O. Box N                                    | OT acceptable)                | •                       |
|  | MIAMI                       | FL   | 33183                         |                         |
|  | City                        | State  | Zip                           | •                       |
| Having heen named as registered as place designated in this certificate, if further agree to comply with the proam familiar with and accept the obli | visions of all statutes sol | nument as re<br>ating to the p<br>registered o | gistered agent and agree to a | ict in this capacity. I |

Registered Agent's Signature (REQUIRED)

(CONTINUED)

17 JUL 11 AM 9: 21

| Title: "AMBR" = Authorized Memb "MGR" = Manager  | Name and Address:  |
|--|--|
|  |  |
| MGR  | SANDY DIAZ   |
|  | 6435 SW 130 AVE<br>MIAMI, FL 33183   |
|  | MIAMIL FL 33183  |
|  |  |
|  |  |
|  |  |
|  |  |
| (I lea attaches at 15  |  |
| te of filing.) If the date inserted in this block of   | ust be specific and cannot be more than five business days prior to or 90 d; 39  loes not meet the applicable statutory filing requirements, this date well not be 18  |
| CLE V: Effective date, if other that effective date is listed, the date in te of filing.)  | loes not meet the applicable statutory filing requirements this days prior to or 90 dt 30  |
| CLE V: Effective date, if other that effective date is listed, the date in the of filing.)  If the date inserted in this block occurrent's effective date on the De  | loes not meet the applicable statutory filing requirements this days prior to or 90 dt 30  |
| CLE V: Effective date, if other that effective date is listed, the date in the of filing.)  If the date inserted in this block occurrent's effective date on the De  | loes not meet the applicable statutory filing requirements this days prior to or 90 dt 30  |
| CLE V: Effective date, if other that effective date is listed, the date in the of filing.)  If the date inserted in this block occurrent's effective date on the December 2.   | loes not meet the applicable statutory filing requirements this days prior to or 90 dt 30  |
| CLE V: Effective date, if other that effective date is listed, the date in the of filing.)  If the date inserted in this block occurrent's effective date on the Declar CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:   | loes not meet the applicable statutory filing requirements, this date will not be libertment of State's records.   |
| CLE V: Effective date, if other that effective date is listed, the date in the of filing.)  If the date inserted in this block occurrent's effective date on the Decument's effective date on the Decument of an aware that  | loes not meet the applicable statutory filing requirements, this date will not be lipartment of State's records.   |
| CLE V: Effective date, if other that effective date is listed, the date in the of filing.)  If the date inserted in this block occurrent's effective date on the Decument's effective date on the Decument of an aware that  | to of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State as provided for in s.817.155, F.S. |
| CLE V: Effective date, if other that effective date is listed, the date me te of filing.)  If the date inserted in this block occument's effective date on the Decument's effective date on the Decument of the Decument o | to a member or an authorized representative of a member.  is executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State at provided for in s.817.155, F.S.   |