U7000 150518

(Req	uestor's Name)	
		
(Add	ress)	
(Add	iress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Dac	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



800300837218

06/29/17--01005--012 **125.00

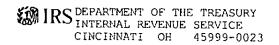
17 JUL 11 AH 9: 25

COVER LETTER

то:	New Filing Section Division of Corporations
SUBJE	STRONG TOWER DEVELOPMENT LLC
7 - 11 - 1	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
	return all correspondence concerning this matter to the following:
	HUMBERTO CESPEDES
	Name of Person
	STRONG TOWER LLC
	Firm/Company
	10835 SW 41 TERRACE
	Address
	MIAMI, FL 33165
	City/State and Zip Code MHMHUMBE82@GMAIL.COM
	E-mail address: (to be used for future annual report notification)
For furthe	r information concerning this matter, please call:
	HUMBERTO CESPEDES 786 587-2254
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
]\$ 125.00	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



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Date of this notice: 06-27-2017

Employer Identification Number:

82-1985142

Form: SS-4

Number of this notice: CP 575 G

HUMBERTO CESPEDES SR SOLE MBR 10835 SW 41ST TER MIAMI, FL 33165

STRONG TOWER DEVELOPMENT LLC

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 82-1985142. 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 STRO. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

...

(IRS USE ONLY) 575G 06-27-2017 STRO O 9999999999 SS-4

Keep this part for your records. CP 575 G (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

9999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 06-27-2017 () –

EMPLOYER IDENTIFICATION NUMBER: 82-1985142

FORM: SS-4

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INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 հիսննենների անանանների և հունենների և հունենների և հունենների և հունենների և հունենների և հունենների և հունեն

STRONG TOWER DEVELOPMENT LLC HUMBERTO CESPEDES SR SOLE MBR 10835 SW 41ST TER MIAMI, FL 33165

Attn.: Jessica A. Fason

Subjects: Mustard Seed Construction LLC. Strong Tower Development LLC

Any questrons please Call me at. 305-273-18930

Teresa Rodriguez

AKIKLESOF	ON GRANIES HON PONTILISMEST	EVILLED LIABILITY CONTRACT
ARTICLE I - Name: The name of the Limited Liabilit	γ Company is:	
STRONG TOWER D	EVELOPMENT LLC	
(Must cont	in the words "Limited Liability Co	ompany, "L.L.C.," or "LLC.")
	dress of the principal office of the	Limited Liability Company is: Mailing Address:
10835 SW 41 TERRA	CE	10835 SW 41 TERRACE
MIAMI, FLORIDA 3		MIAMI, FLORIDA 33165
		
ARTICLE III - Registered Age	nt Parintared Office & Basint	

name and the Florida street address of the registered agent are:

City	State	Zip
МІАМІ	FL	33165
Florida street add	ress (P.O. Box <u>NOT</u> ac	cceptable)
10835 SW 41 TE	RRACE	
	Name	
HUMBERTO CE	SPEDES	

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, hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the previsions 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" - Author "MGR" = Manager	zed Member	d to manage and control the Limited Liability Company: Name and Address:
MGR		HUMBERTO CESPEDES 10835 SW 41 TERRACE MIAMI, FL 33165
	_	
(Use attachment if n		
ICLE V: Effective date, a effective date is fisted, ate of filing.) If the date inscreed in a locument's effective date	f other than the date of filing he date must be specific an his block does not meet the on the Department of State'	. (OPTIONAL) ad cannot be more than five business days prior to or 90 days a applicable statutory filing requirements, this date will not be liste s records.
TCLE V: Effective date, a effective date is listed, ate of filing.) If the date inscreed in the second control in the date inscreed in the date inscreen in the date in	f other than the date of filing he date must be specific an his block does not meet the on the Department of State'	emplicable states. Slice
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TCLE V: Effective date, a effective date is fisted, ate of filing.) If the date inscrted in a locument's effective date ICLE VI: Other provision REQUIRED SIGNA This I am	f other than the date of filing he date must be specific and his block does not meet the on the Department of State's, if any. TURE: Signature of a member or locument is executed in accurate that any false information tutes a third degree felony a HUMBERTO CESPEDES	an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. tion submitted in a document to the Department of State as provided for in s.817.155, F.S.