

L17000199471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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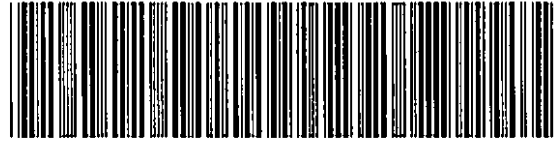
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

41 8/16/17

**Cover Letter**

**To:** New Filing Section  
Division of Corporations

**Subject:** Mop in a Bucket LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person: Jeannette Mirabal, Esq.

Company: Law Office of Jeannette Mirabal

Address: 5001 SW 74 Court Ste. 101 Miami FL 33155

Email: [jm@miralegal.com](mailto:jm@miralegal.com)

For further information concerning this matter please call:

Name: Jeannette Mirabal, Esq.

Telephone: 305 740 4947

Enclosed is a check for the following amount:

☐ \$125 filing fee

☐ \$130 filing fee and certificate of status

☐ \$155 filing fee and certified copy

☒ \$160 filing fee certificate of status and certified copy

**Street Mailing address:**

New Filing Section

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 15, 2017

LAW OFFICE OF JEANNETTE MIRABAL  
5001 SW 74 COURT STE. 101  
MIAMI, FL 33155

SUBJECT: MOP IN A BUCKET, LLC  
Ref. Number: W17000067353

We have received your document for MOP IN A BUCKET, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted does meet legibility requirements.

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) 245-6052.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 617A00016800

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MOP IN A BUCKET, LLC

(Must contain 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:

350 Lincoln Road, Suite 5046  
Miami Beach, FL 33139

350 Lincoln Road, Suite 5046  
Miami Beach, FL 33139

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:

Jeannette Mirabal

Name

5001 SW 74 Court, Suite 101

Florida street address (P.O. Box **NOT** acceptable)

Miami

FL

33155

City

State

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.

  
\_\_\_\_\_  
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

AMBR

**Name and Address:**

Patricia Iniguez

350 Lincoln Road, Suite 5046

Miami Beach, FL 33139

AMBR

Cindy Aguilar de Archondo

350 Lincoln Road, Suite 5046

Miami Beach, FL 33139

(Use attachment if necessary)

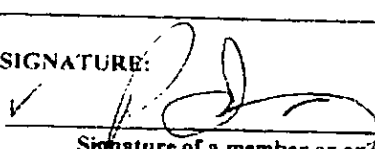
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Patricia Iniguez

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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DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA