

L1700200856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

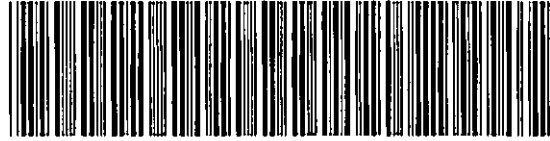
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 OCT -2 PM 2:58
CLERK OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: M&D SERVICES GROUP LLC
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:

EDWIN E SEBRIANT CUESTA

Name of Person

Firm/Company

4725 EMERALD FOREST WAY APT 1910

Address

ORLANDO, FL. 32811

City/State and Zip Code

SEBRIANTEDWIN@GMAIL.COM

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

For further information concerning this matter, please call:

EDWIN SEBRIANT CUESTA 321 347-6286
Name of Person Area Code 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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2017

EDWIN E SEBRIANT CUESTA
4725 EMERALD FOREST WAY APT 1910
ORLANDO, FL 32811

SUBJECT: M&D SERVICES GROUP LLC
Ref. Number: W17000071386

We have received your document for M&D SERVICES GROUP 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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: 517A00017922

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

F&M SERVICES GROUP, LLC

ARTICLE II - Address:

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

Principal Office Address:

4725 EMERALD FOREST WAY APT 1905
ORLANDO, FL. 32811

Mailing Address:

4725 EMERALD FOREST WAY APT 1905
ORLANDO, FL. 32811

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:

EDWIN E SEBRIANT CUESTA

Name

4725 EMERALD FOREST WAY APT 1905

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

ORLANDO

FL

32811

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 provide for in chapter 605, F.S.

X Edwin Sebriant Cuesta

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV –

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

EDWIN E SEBRIANT CUESTA

4725 EMERALD FOREST WAY APT 1905

ORLANDO, FL. 32811

(Use attachment if necessary)

ARTICLE VI: Other provisions, if any

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STATE
TALLAHASSEE FL ORIDA

REQUIRED SIGNATURE:

X Edwin Sebriant

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.