

9/4/2018

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# L18000211353

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : I20180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FLORIDA LIMITED LIABILITY CO.  
PLANT INDEED CONSULTING, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

**FILED**  
2018 SEP -7 PM 3:26  
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To: 18506176381 From: 14694451465 Date: 09/06/18 Time: 10:19 AM Page: 02/05  
To: 12143174754 From: +Restricted Date: 09/05/18 Time: 7:32 AM Page: 01  
850-617-6381 9/5/2018 10:32:04 AM PAGE 1/001 Fax Server



September 5, 2018

FLORIDA DEPARTMENT OF STATE

LEGALINC CORPORATE SERVICES INC. Division of Corporations

SUBJECT: PLANT INDEED CONSULTING, LLC  
REF: W18000079432

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The designation of the registered agent must be at a Florida street address.

If you have any further questions concerning your document, please call (850) 245-6052.

Carlos E Rico  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H18000257991  
Letter Number: 918A00018303

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

Date: August 30, 2018

**ARTICLE I – NAME:**

The name of the Limited Liability Company is:

**PLANT INDEED CONSULTING, LLC**

**ARTICLE II – ADDRESS:**

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

**27806 PATSY PENCE STREET  
KATY, TX 77494**

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

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

**MASSIMO BALACCHI C/O ROLANDO E LEIVA CPA**  
Name

**7400 SW 50TH TERR STE 302**  
Florida Street Address

**MIAMI, FL 33155**  
City, State, and Zip

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(((H18000257991 3)))

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 605.0203 (1) (b).

  
Registered Agent's Signature  
MASSIMO BALACCHI

#### ARTICLE IV – MANAGEMENT

The Limited Liability Company is to be considered a single member LLC and is therefore a SINGLE MEMBER LLC company with single manager. The NAME and ADDRESS of initial MANAGER/MEMBER are as follows:

Title  
Authorized Member

Name and Address:  
MASSIMO BALACCHI  
27806 PATSY PENCE STREET  
KATY, TX 77494

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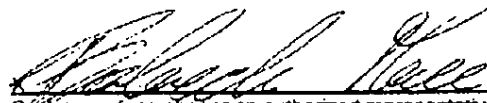
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#### **ARTICLE V BUSINESS DEDUCTIONS**

Per IRS regulations the corporation may pay and deduct the health insurance and medical expenses of its directors and employees. Additionally, business auto expenses may be reimbursed to directors and employees and thus deducted from current operations.

#### **ARTICLE VI – EFFECTIVE DATE**

The effective date of the Limited Liability Company shall be: SEPTEMBER 10, 2018.

  
\_\_\_\_\_  
Signature of member or an authorized representative of a member

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.

  
\_\_\_\_\_  
**MASSIMO BALACCHI**  
Member/Manager of LLC

August 30, 2018

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**State of New York**  
**Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of A. PERRI FARMS, INC. was filed on 09/06/1996, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 21st day of August two  
thousand and eighteen.*

A handwritten signature in black ink, appearing to read "B. Fitzgerald", is written over a horizontal line.

*Brendan W. Fitzgerald  
Executive Deputy Secretary of State*



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Bayport NY 11705  
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[sales@perrifarms.com](mailto:sales@perrifarms.com) [www.perrifarms.com](http://www.perrifarms.com)

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## **Detail by Entity Name**

Rejected Filing  
A. PERRI FARMS, INC.

### **Filing Information**

Document Number W18000078703  
Filed Date 08/30/2018

Please add attached document to file as it was needed for completion of filing.