

L19000051791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

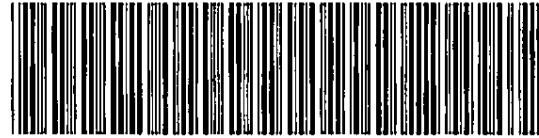
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000325074280

02/22/19--01014--004 \*\*130.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 FEB 22 PM 12:14

C RICO  
FEB 22 2019

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Mustard Seed Landscaping 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:

Gladys Perez  
Name of Person

Mustard Seed Landscaping LLC.  
Firm/Company

14508 SW Tumaini Ct. Unit 131  
Address

Indiantown FL 34956.  
City/State and Zip Code

• Perezemily039@gmail.com  
E-mail address: (to be used for future annual report notification)

19 FEB 22 PM 12:14

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Gladys PEREZ at ( 772 ) 323-9210  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mustard Seed Landscaping 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:

14508 SW TUMAINI CT  
Unit 131  
IndianTown FL 34956

Mailing Address:

P.O. Box 1256  
IndianTown FL 34956

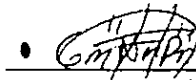
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

GLADYS N. PEREZ  
Name  
14508 SW TUMAINI CT  
Florida street address (P.O. Box ~~NOT~~ acceptable)  
IndianTown FL 34956  
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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 FEB 22 PM 12:14

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

ELDER PEREZ  
14508 SW TUMAINI CT. Unit 131  
INDIAN TOWN FL 34956

(Use attachment if necessary)

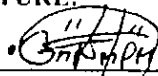
**ARTICLE V:** Effective date, if other than the date of filing: Feb 15 2019. (OPTIONAL)

(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.

Gladys PEREZ

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)