

L19000186487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

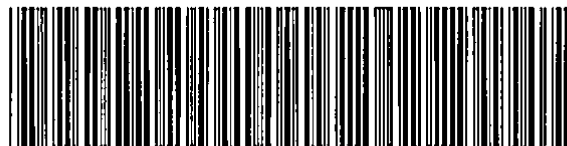
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SECRETARY OF STATE
TALLAHASSEE, FL

W CULLIGAN

AUG 2 2019

COVER LETTER

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

SUBJECT: Brothers Matos 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:

Luis Matos Fuentes

Name of Person

Brothers Matos Fuentes

Firm/Company

50 Juniper Pass Unit 3

Address

Ocala, FL 34480

City/State and Zip Code

luismatos692@gmail.com

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

For further information concerning this matter, please call:

Wanda Brito

352

619-5753

at ()

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

July 24, 2019

LUIS MATOS FUENTES
50 JUNIPER PASS UNIT 3
OCALA, FL 34480

SUBJECT: BROTHERS MATOS LANDSCAPING, LLC
Ref. Number: W19000067532

We have received your document for BROTHERS MATOS LANDSCAPING, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing page (2) of the Articles. I am enclosing that page.

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: 519A00015044

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Brothers Matos 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:

50 Juniper Pass Unit 3
Ocala, FL 34480

Mailing Address:

50 Juniper Pass Unit 3
Ocala, FL 34480

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:

Luis Matos Fuentes
Name

50 Juniper Pass Unit 3
Florida street address (P.O. Box **NOT** acceptable)

Ocala	Florida	34480
City	State	Zip

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TALLAHASSEE, FL

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..

Luis M. Matos
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

AMBR

AMBR

Luis Matos Fuentes
50 Juniper Pass Unit 3
Ocala, FL 34480

Javier Mates Fuentes
50 Juniper Pass Unit 3
Ocala, FL 34480

ARTICLE VI: Effective date, if other than the date of filing: _____ (OPTIONAL)

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.

REQUIRED SIGNATURE:

Luis H. Mateo

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.

Luis M. Matos

Typed or printed name of signer

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FL

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