

L200 0001 2254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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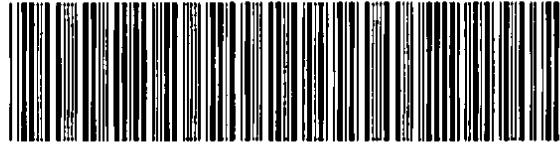
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ~~Plant Seeds, LLC~~ Plant Love Seeds, 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:

Yolanda Mashell Murphy

Name of Person

Plant Seeds, LLC

Firm/Company

~~207 Sea Horse DR SE Unit C~~

36118 Donna Lane

Address

~~St. Petersburg, FL 33705~~

Dade city, FL 33525

City/State and Zip Code

Murphy.yonna@gmail.com

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

For further information concerning this matter, please call:

Yolanda Murphy

310

562-3937

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~Plant Seeds, LLC~~ Plant Love Seeds, 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:

~~207 Sea Horse DR SE Unit C~~ 36118 Donna LN ~~207 Sea Horse DR SE Unit C~~ same
~~St. Petersburg, FL 33705~~ Dade City, FL ~~St. Petersburg, FL 33705~~
33525

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:

Yolanda Mashell Murphy
Name

~~207 Sea Horse DR SE Unit C~~ 36118 Donna LN
Florida street address (P.O. Box NOT acceptable)
Dade City FL 33525
~~St. Petersburg~~ ~~FL~~ ~~33705~~
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.

Yolanda M. Murphy
Registered Agent's Signature (REQUIRED)

(CONTINUED)

19 DEC 19 PM 12:27

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Desire Meridy, ~~AMBR~~ MGR

Name and Address:

~~247 Sea Horse DR SE Unit C~~
~~St. Petersburg, FL 33705~~

Same as
Principal

Amber Meridy, ~~AMBR~~ MGR

~~247 Sea Horse DR SE Unit C~~
~~St. Petersburg, FL 33705~~

Same as
Principal

N/A

N/A

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2020 (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.

Plant Seeds, LLC is created to assist female Veterans, other Veterans, and future Veterans (Youths) become self-sufficient. Therefore, all (criminal) backgrounds will be considered when applications are received for service.

REQUIRED SIGNATURE:

Yolanda Mashell Murphy

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.

Yolanda Mashell Murphy

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)

19 DEC 19 PM 12:27