10/9/2020

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000352361 3)))



H200003523613ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : SANCHEZ & VADILLO, LLP

Account Number : I20150000038 Phone : (305)485-9700 Fax Number : (305)436-0191

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.** Email Address: Corporations & Svlawus.co

FLORIDA LIMITED LIABILITY CO. ONE SEED TREE SERVICE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLE I - Name: The name of the Limited Liability Company is: ONE SEED TREE SERVICE 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: 3461 SW 8TH STREET MIAMI, FLORIDA 33135 MIAMI, FLORIDA 33135

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:

MANUEL J VADIL		
	Name	
1200 BRICKELL A	VENUE SUITE 14:	R A
Florida street addres	c (D () Boy NOT a	ccentable)
Florida street addre	ss (P.O. Box <u>NOT</u> a	cceptable)
Florida street addres		cceptable)

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 anticomplete performance of my duties, and I am familiar with and accept the obligations of my position as registered agentless provided for in Chapter 605, F.S..

Registered Agen's Signature (REQUIRED)

(CONTINUED)

2020 OCT -9 PH 4: 20

<u> Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	ALBERTO I MORALES
	3461 SW 8TH STREET
	MIAMI, FLORIDA 33135
MGR	ALEX CAZO
Mok	3461 SW 8TH STREET
	MIAMI, FLORIDA 33135
ctive date is listed, the date mus f filing.)	the date of filing:
EV: Effective date, if other than tective date is listed, the date must filling.)	it be specific and cannot be more than five business days prior to or 90 dies not meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block do nent's effective date on the Department's	it be specific and cannot be more than five business days prior to or 90 dies not meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block do nent's effective date on the Department's	it be specific and cannot be more than five business days prior to or 90 dies not meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the citive date is listed, the date must filling.) the date inserted in this block doment's effective date on the Depa EVI: Other provisions, if any. REQUIRED SIGNATURE:	the specific and cannot be more than five business days prior to or 90 dies not meet the applicable statutory filing requirements, this date will not be runent of State's records.
EV: Effective date, if other than tective date is listed, the date must filling.) the date inserted in this block doment's effective date on the Depa EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature This document is I am aware that a	es not meet the applicable statutory filing requirements, this date will not be retirent of State's records. Of a member or an authorized representative of a member. Executed to accordance with section 605.0203 (1) (b), Florida Statutes. The property of the Department of State information submitted in a document to the Department of State.
EV: Effective date, if other than tective date is listed, the date must filling.) the date inserted in this block doment's effective date on the Depa EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature This document is I am aware that a	es not meet the applicable statutory filing requirements, this date will not be runent of State's records.
EV: Effective date, if other than tective date is listed, the date must filling.) the date inserted in this block doment's effective date on the Depa EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature This document is I am aware that a	of a member or an authorized representative of a member. executed to accordance with section 605.0203 (1) (b), Florida Statutes. ny talse information submitted in a document to the Department of State I degree felony as provided for in s.817.155, F.S.
EV: Effective date, if other than tective date is listed, the date must filling.) the date inserted in this block doment's effective date on the Depa EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature This document is I am aware that a	es not meet the applicable statutory filing requirements, this date will not be retirent of State's records. of a member or an authorized representative of a member. executed to accordance with section 605.0203 (1) (b). Florida Statutes, my false information submitted in a document to the Department of State I degree felony as provided for in s.817.155, F.S.
EV: Effective date, if other than tective date is listed, the date must filling.) the date inserted in this block doment's effective date on the Depa EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature This document is I am aware that a	es not meet the applicable statutory filing requirements, this date will not be retirent of State's records. of a member or an authorized representative of a member. executed to accordance with section 605.0203 (1) (b). Florida Statutes, my false information submitted in a document to the Department of State I degree felony as provided for in s.817.155, F.S.
EV: Effective date, if other than textive date is listed, the date must filling.) the date inserted in this block doment's effective date on the Depa EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature This document is I am aware that a constitutes a third	of a member or an authorized representative of a member. executed to accordance with section 605.0203 (1) (b), Florida Statutes. my talse information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: of Organization and Designation of Registered Apent
EV: Effective date, if other than tective date is listed, the date must filling.) the date inserted in this block doment's effective date on the Depa EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature This document is I am aware that a constitutes a third	es not meet the applicable statutory filing requirements, this date will not be retirent of State's records. of a member or an authorized representative of a member. executed to accordance with section 605.0203 (1) (b), Florida Statutes, my talse information submitted in a document to the Department of State I degree felony as provided for in s.817.155, F.S. ANUEL TOP I CONTROLLED TYPE OF TYPE OF THE PROPRIES OF TYPE OF TYP