

L21000493023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

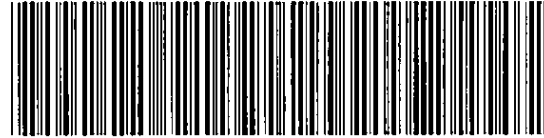
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2021 NOV 18 AM 8:22

ALLAHAMMAD, M. J.

21 NOV 18 AM 8:30
DIVISION OF REGISTRATION
SECRETARY OF STATE
FILED

J DENNIS
NOV 18 2021

COVER LETTER

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

SUBJECT: SYLVERJEAN LAND-SERVICE 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:

NATHIEL YEZESKI
Name of Person

SYLVERJEAN LAND-SERVICE LLC
Firm/Company

2008 SOUTH 10TH STREET UNIT D
Address

FT PIERCE FL 34950
City/State and Zip Code

nate1.cft@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NATHANIEL YEZESKI 304 319 1062
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SYLVERJEAN LAND-SERVICE LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
21 NOV 18 AM 8:30

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2008 SOUTH 10 STREET

UNIT D

FT PIERCE FL 34950

2008 SOUTH 10TH ST

UNIT D

FT PIERCE FL 34950

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:

NATHANIEL YEZESKI

Name

2008 SOUTH 10TH STREET UNIT D

Florida street address (P.O. Box **NOT** acceptable)

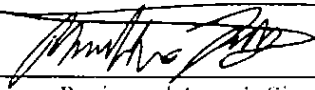
FT PIERCE FL 34950

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)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

NATHANIEL YEZESKI
2008 SOUTH 10 STREET UNIT D
FT PIERCE, FL 34950

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/19/2021. (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.

ANY AND ALL LAWFUL ACTS UNDER THE LAWS OF THE STATE OF FLORIDA

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.

NATHANIEL YEZESKI

Typed or printed name of signer

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)