

116000008526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W16-71615

Office Use Only



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10/19/16--01022--002 **160.00

FILED

2016 OCT 21 PM 5:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

OCT 26 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 OCT 21 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 20, 2016

CLAY MOHON
M & J LANDSCAPE PRODUCTS, LLC
P.O. BOX 664 / 2105 MADISONVILLE RD
HOPKINSVILLE, KY 42241

SUBJECT: M & J LANDSCAPE PRODUCTS, LLC
Ref. Number: W16000071615

We have received your document for M & J LANDSCAPE PRODUCTS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 516A00022588

COVER LETTER

**TO: Registration Section
Division of Corporations**

M & J Landscape Products, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Clay Mohon.

Name of Person

M & J LandscapeProducts, LLC

Firm/Company

PO Box 664/ 2105 Madisonville Road

Address

Hopkinsville, KY 42241

City/State and Zip Code

sheamohon@yahoo.com

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

For further information concerning this matter, please call:

Shea Mohon

270

8851979

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. M & J Landscape Products, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Mr. Mulch, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Kentucky 3. 27-3778663
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. October 17, 2016
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2105 Madisonville Road
Hopkinsville, KY 42240
(Street Address of Principal Office)

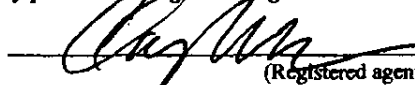
6. PO Box 664
Hopkinsville, KY 42241
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Clay Mohon
Office Address: 3460 Highway 17 North
Deland, Florida 32720
(City) (Zip code)

Registered agent's acceptance:

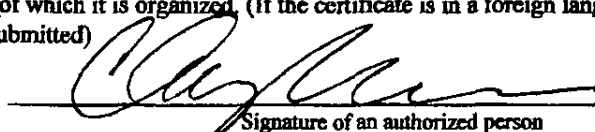
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Clay Mohon, Member, PO Box 664 Hopkinsville, KY 42241

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)


Signature of an authorized person

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.

Clay Mohon

Typed or printed name of signee

FILED
2016 OCT 21 PM 5:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

FILED

2016 OCT 21 PM 5:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 584-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 181865

Visit <https://app.sos.ky.gov/fishow/certvalidate.aspx> to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

M & J LANDSCAPE PRODUCTS, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is October 27, 2010 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 17th day of October, 2016, in the 225th year of the Commonwealth.



Alison Lundergan Grimes

Alison Lundergan Grimes
Secretary of State
Commonwealth of Kentucky
181865/0774320