

P/4000058139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

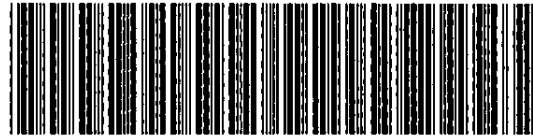
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W/4-34424

Office Use Only



400260537084

05/30/14--01017--004 \*\*70.00

14 JUL -7 PM 4:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

W/4

COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

RECEIVED  
14 JUL -7 PM 1:26  
SECRET  
TALLAHASSEE, FLORIDA

SUBJECT: A Good Seed MMTc, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00

Filing Fee

*PAID*

☐ \$78.75

Filing Fee

& Certificate of Status

☐ \$78.75

Filing Fee

& Certified Copy

☐ \$87.50

Filing Fee,

Certified Copy

& Certificate of

Status

**ADDITIONAL COPY REQUIRED**

FROM: Raymond F. Rodrigues

Name (Printed or typed)

10761 SW 172 Street

Address

Miami, FL 33157

City, State & Zip

818-915-9956

Daytime Telephone number

raymondmtg@gmail.com

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

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 18, 2014

RAYMOND F. RODRIGUES  
10761 SW 172 STREET  
MIAMI, FL 33157

SUBJECT: A GOOD SEED, INC.  
Ref. Number: W14000034424

We have received your document for A GOOD SEED, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 914A00011929

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

APPROVED  
AND  
FILED

14 JUL -7 PM 4:49

**ARTICLE I NAME**

The name of the corporation shall be: A Good Seed MMTC, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

10761 SW 172 Street

Miami, FL 33157

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: This corporation is being formed with the intent to provide retail sales and services.

**ARTICLE IV SHARES** 1,000,000

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Raymond F. Rodrigues

Name and Title: \_\_\_\_\_

Address: 10761 SW 172 Street

Address: \_\_\_\_\_

Miami, FL 33157

CCEO

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

APPROVED  
AND  
FILED

(cont.)

14 JUL -7 PM 4:49

Name and Title: _____	Name and Title: _____
Address _____	Address: SECRETARY OF STATE
_____	TALLAHASSEE, FLORIDA
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Dominique Astree  
Address: 940 8th Street Road  
Miami, FL 33136

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Raymond F. Rodrigues  
Address: 10761 SW 172 Street  
Miami, FL 33157

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

05/20/2014

\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

05/20/2014

\_\_\_\_\_  
Date