# 08000055561

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	·
Certified Copies	Certificates	of Status
Special Instructions to F	filing Officer:	

Office Use Only



600130104796

05/27/08--01031--014 \*\*130.00

DIVISION OF CORPORATIONS

OR JUN -4 PH 2: 39

MO8-2629 2000

J. BRYAN

JUN - 5 2008

**EXAMINER** 

# **COVER LETTER**

TO:	Registration S Division of Co					
SUBJ	<sub>ECT:</sub> Greenl	ife Transport L.L	.C.			
		(Name of Limi	ted Liability Compa	ny)		
The er	nclosed Articles of	Organization and fee(s) are	submitted for filing			
Please	return all correspondent	ondence concerning this mat	ter to the following:			
	Samuel ma	athis				
			(Name of Person)			
	Greenlife 7	Trransport L.L.C.			c	· 2.
			(Firm/Company)		<u> </u>	isid:
	7520 nw 4	th avenue				- P
			(Address)			of corpulation
	miami fla.	33150				SIDY OF CORPUNATION
		(Cì	ty/State and Zip Code)		, , , , , , , , , , , , , , , , , , , ,	139
For fu	rther information of	concerning this matter, pleas	e call:			·
San	nuel Mathis		at ( 786 )	564-766	6	
	(Name	of Person)	(Area Code	& Daytime Tele	ephone Number)	
Enclo	sed is a check fo	r the following amount:				
<b>\$</b> 125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Cop (additional copy	у	\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	of Corporations		



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 29, 2008

SAMUEL MATHIS GREENLIFE TRANSPORT 7520 NW 4TH AVENUE MIAMI, FL 33150

SUBJECT: GREENLIFE TRANSPORT

Ref. Number: W08000026297

We have received your document for GREENLIFE TRANSPORT and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective July 1, 2007, the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 008A00033643

DIVISION OF CORPORATIONS

08 JUN -4 PH 2: 39

ARTICLES OF ORGANIZATION FOR	FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company	ris:  Liability Company, "L.L.C.," or "LL.C.")
Greenlife Transport LL.C., (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7520 nw 4th avenue miami fla. 33150	7520 nw 4th avenue miami fla. 33150
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of t	ne registered agent are:
Samuel mathis	ame
10900 nw 12 ct Florida stree	t address (P.O. Box NOT acceptable)
miami fla. 33167	FL
City, Sta	ate, and Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	I to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all a performance of my duties, and I am familiar with and agistered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

# ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

C.F.O	Samuel mathis	
	10900 nw 12ct	
	miami fla. 33167	
President	Cantrice mathis	
	10900 nw 12ct	8
	miami fla.33167	=======================================
Vice President	Edna mathis	1
	4387 n.w 199 st	
	miami fla .33055	
Director	Ulyesses Walker	
	10900 nw 12ct	· · · · · · · · · · · · · · · · · · ·
	er than the date of filing: te must be specific and cannot be more than	

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Samuel Mathis

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)