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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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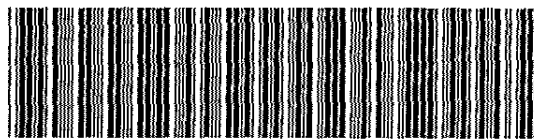
(Business Entity Name)

(Document Number)

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JUL 10 2004
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W4-51743
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GREENLEE INVESTIGATIVE GROUP 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:

LISA H LEE
(Name of Person)

GREENLEE INVESTIGATIVE GROUP LLC
(Firm/Company)

5945 TARPON GARDENS CI, UNIT #201
(Address)

CAPE CORAL FL 33914
(City/State and Zip Code)

For further information concerning this matter, please call:

LISA H. LEE at (239) 671-2185
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECTION OF THE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

GREENEKEE INVESTIGATIVE GROUP 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:

5945 TARPON GARDENS CT

SAME

UNIT # 201

CAPE CORAL FL 33914

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

LISA H. LEE

Name

5945 TARPON GARDENS CT, # 201

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

CAPE CORAL FLORIDA 33914

City, State, and 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 608, Florida Statutes..

Lisa H. Lee

Registered Agent's Signature

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2019 JUN 11 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

LISA H. LEE
5945 TARPON GARDENS CT #201
CAPE CORAL FL 33914

MGRM

ROBIN GREENE
530 WASHINGTON AVE APT E
PHOENIXVILLE PA 19410

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Lisa H Lee

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.)

LISA H LEE
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)