

L05000042411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

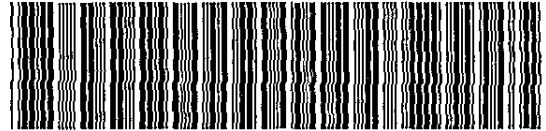
(Document Number)

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

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RECEIVED  
05 APR 29 PM 4:30  
DIVISION OF CORPORATION

FILED  
05 APR 29 PM 5:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

1201 Hays Street  
Tallahassee, FL 32301  
850-521-1000  
850-521-1010(fax)

05 APR 29 PM 5:23  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Contact: MARK ROSSER

Corporation Name(s) & Document number(s)

1) Siebergreene, LLC

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

☒ Stamped Copy    ☐ Certified Copy    ☐ Goodstanding

Type of Filings:

<u>New Filings</u>	<u>Amendment</u>	<u>Qualification</u>
<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Profit
<input type="checkbox"/> NFP	<input type="checkbox"/> COA	<input type="checkbox"/> NFP
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> LLC
<input type="checkbox"/> LTD	<input type="checkbox"/> Merger	<input type="checkbox"/> LTD

Other:

☐ Annual Report    ☐ Fictitious Name    ☐ Reinstatement

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

**FILED**  
05 APR 29 PM 5:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SieberGreene, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

4020 Osprey Court

Titusville, Florida 32796

**Mailing Address:**

4020 Osprey Court

Titusville, Florida 32796

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

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

Betty J. Greene

Name

4020 Osprey Court

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

Titusville

FLORIDA 32796

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..*

Betty J. Greene

By: 

Registered Agent's Signature

**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

Cathy J. Sieber

4521 South 34th Street

Arlington, Virginia 22206

MGRM

William O. Sieber

2833 Winstead

Titusville, Florida 32796

MGRM

Betty J. Greene

4020 Osprey Court

Titusville, Florida 32796

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

  
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.)

By: Betty J. Greene

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)