

L05-83774 **L050000 83774**

(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:

8/24
Cms

Office Use Only



200058761882

08/24/05--01037--014 **155.00

STATE DEPT OF REVENUE
TALLAHASSEE, FLORIDA

05 AUG 24 PM 12:01

FILED

STATE DEPT OF REVENUE
TALLAHASSEE, FLORIDA

05 AUG 24 AM 10:46

RECEIVED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAX GREEN 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:

MAX GREEN
(Name of Person)

(Firm/Company)

5624 Maple Forest Dr.
(Address)

TALLAHASSEE, FL 32303
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 AUG 24 PM 12:01

FILED

For further information concerning this matter, please call:

MAX GREEN at (850) 562-6421
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|---|

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MAX GREEN LLC

ARTICLE II - Address:

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

Principal Office Address:

5624 Maple Forest Dr.
TALLAHASSEE, FL 32303

Mailing Address:

5624 Maple Forest Dr.
TALLAHASSEE, FL 32303

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

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

MAX GREEN
Name
5624 Maple Forest Dr.
Florida street address (P.O. Box **NOT** acceptable)
Tallahassee FL 32303
City, State, and Zip

FILED
05 AUG 21, PM 12:01
CLERK OF STATE
TALLAHASSEE, FLORIDA

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, F.S..

Max Green
Registered Agent's Signature

(CONTINUED)

Page 1 of 2

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

MAX Green
5624 Maple Forest Dr.
TALLAHASSEE, FL 32303

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Max Green
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.)

Max Green
Typed or printed name of signee

FILED
05 AUG 24 PM 12:01
TALLAHASSEE, FL
SECRETARY OF STATE

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)