(Requ	estor's Name)	
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Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Co			
SUBJECT:	STEEN/in V (Name of Limite	d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are su	ibmitted for filing.	2005
Please return all corresp	ondence concerning this matter	r to the following:	S DEC
M	rs. Helen F	Tanklin Name of Person)	
G	reenlin Ville	a L.L.C.	# 4: 39
61	Greenlin V	illa Road	
Cras	wfordville	FLori da State and Zip Code)	32327
For further information of	concerning this matter, please c	all:	
Mrs. Helen (Name	Franklin of Person)	at (850) 926 (Area Code & Daytime Tel	- 7490 ephone Number)
Enclosed is a check fo	r the following amount:		
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center ( Tallahassee, FL 32301	<del></del>

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Greenlin Vi	lla L.L.C.
	pany, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street addres	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

(ol Greenin Villa Road Greenin Villa Road Crawford Ville, Florida 32327 Crawford Ville, Florida 3232)

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Mrs. Helen Franklin

Name

Florida street address (P.O. Box NOT acceptable FL 32327)
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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Tida.	Name and Address:
<u>Title:</u> "MGR" = Manager	Name and Address.
"MGRM" = Managing Member	
"MGRM"	Freddie Franklin
	Crawford Ville, Florida 323:
VAACON !!	~1
MGKM	Havous Greene 15 Greenlin Villa Road
	Crawfordville, Florida 323:
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	2005 DEC
(Use attachment if necessary)	
	PM 4: 39
TICLE V: Effective date, if other than an effective date is listed, the date m	the date of filing: (OPTIONAl nust be specific and cannot be more than five busine
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FICLE V: Effective date, if other than an effective date is listed, the date mor to or 90 days after the date of filing  REQUIRED SIGNATURE:  Signature of a men	the date of filing: (OPTIONAl nust be specific and cannot be more than five busines.)

days

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)