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(尺€	equestor's Name)	
(Ad	idress)	
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(Ĉi	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer.	
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	Office Use Only	CINE



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SECTION OF STATE ALCOHOLD

COVER LETTER

TO: Registration Se Division of Co					
SUBJECT:	eer Pertorn (Name of Limite	nance Construd Liability Company)	uction,	LL C	-
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.			
Please return all corresp	ondence concerning this matte	er to the following:			
Gary Gid	dens			_	
<u> </u>	(Name of Person)			
					
	•	(Гіпп/Сотрапу)			
5350 Eze	ell Street				
O	- FI 00440	(Address)		SECH	ש שענ
Gracevill	e FL32440		<u> </u>	- -	•
	(City	/State and Zip Code)		-	÷
For further information concerning this matter, please call:		FLORIC	24 PH 3:		
Gary Giddens		at (229) 424-850	06	Σ_{LL}	~
(Name	of Person)	(Area Code & Daytime To	elephone Number)	•	
Enclosed is a check for	or 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 Certificate of Sta Certified Copy (additional copy is en	tus &	
	Mailing Address Registration Section	Street/Courier Addres Registration Section	<u>s</u>		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Green Performance	Construction, LLC
(Must end with the words "Limited Liability Company, "Limit	ed Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5350 Ezell Street	Same
Graceville FL 32440	70 0
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration. Gary Giddens Name	registered agent are:
5350 Ezell St	
Florida street ad	dress (P.O. Box NOT acceptable)
Graceville City, State,	FL 32440 and Zip
liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

gistered 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:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
Manager	Gary Giddens	
	1015 Jacksonville Hwy Fitzgerald GA 31750	•••
Manager	Pamela Rimes	-
	5350 Ezell St Graceville FL 32440	•
		<u>.</u>
		<u>ح</u>
		Ting to to
(Use attachment if necessary)	24 F	THE
ARTICLE V: Effective date, if other than the da		
(If an effective date is listed, the date must be space or 90 days after the date of filing.)	pecific and cannot be more than five histness days	prior
REQUIRED SÍGNATURE:		
- Jane	La Ludal	
Signature of a member of	r an authorized representative of a member.	

Pamela W.Rimes

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

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)

that the facts stated herein are true.)