

LO7000095175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

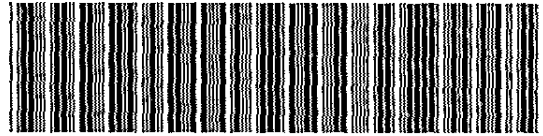
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Certificates of Status

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RECEIVED
07 SEP 18 PM 12:43
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 SEP 18 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

90700054994



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 232268 9571A

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 130.00

FILED
07 SEP 18 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : September 18, 2007

ORDER TIME : 10:47 AM

ORDER NO. : 232268-005

CUSTOMER NO: 9571A

DOMESTIC FILING

NAME: GREEN PRODUCTS, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Roath - EXT. 2955

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Green Products, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

4326 Winding Place
Ft. Pierce, FL 34981-5557

Mailing Address:

4326 Winding Place
Ft. Pierce, FL 34981

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:

Ronald LeClair

Name

4326 Winding Place

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

Ft. Pierce, FL 34981

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.

Ronald LeClair

Registered Agent's Signature (REQUIRED)

(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

Willard H. Eaves

27101 Okeechobee Road

Ft. Pierce, FL 34945-5000

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 18, 2007. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Willard H. Eaves

Typed or printed name of signee

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)