

LD8000100115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

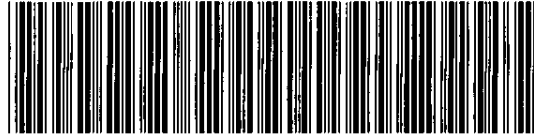
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

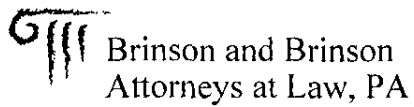
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08 OCT 23 AM 10:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA



Brinson and Brinson
Attorneys at Law, PA

Haynes E. Brinson, Esquire

Edward Brinson, Esquire

22 October, 2008

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Please find enclosed a Corporate Filing with a check in the amount of \$125.00 for filing fees. After processing, please return the documents to our office at Brinson & Brinson, Attorneys at Law, P.A., 28 N. John Young Parkway, Kissimmee, Fl. 34741.

Sincerely,

A handwritten signature in dark ink, appearing to read "Haynes E. Brinson". The signature is fluid and cursive, with a large initial "H" and "B".

Haynes E. Brinson, Esq.

**ARTICLES OF ORGANIZATION
FOR
RECOVERY GREEN, LLC**

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TALLAHASSEE FLORIDA

ARTICLE I – Name:

The name of the Limited Liability Company is RECOVERY GREEN, LLC:

ARTICLE II – Address:

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

Principal Office Address:

2077 Live Oak Blvd, St. Cloud, FL 34771

Mailing Address:

2077 Live Oak Blvd. St. Cloud, FL 34744

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

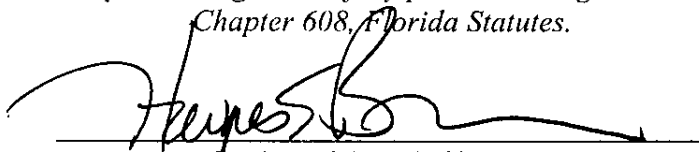
The name and the Florida street address of the Registered Agent are:

HAYNES E. BRINSON
Name

28 North John Young Parkway
Florida street address (P.O. Box **NOT** acceptable)

Kissimmee, Florida 34741
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.



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

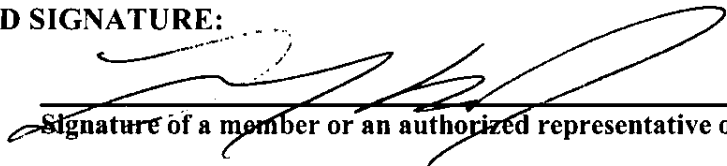
Name and Address:

Tracy Charles Leuch MGRM

2077 Live Oak Blvd, St. Cloud, FL 34771

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

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.)

Tracy C. Leuch

Typed or Printed Name of Signee

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