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Special Instructions to	Filing Officer:			
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Office Use Only



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71L LU 2009 NOV -2 AM 9: 42 SECRETARY OF STATE SECRETARY OF STATE

C. LEWIS Nov. 3 : 2009

EXAMINER



October 23, 2009

LISE MEINKE / GREEN CREATION CARE 23502 ROLLING MEADOW LANE LAND O LAKES, FL 34639

SUBJECT: GREEN CREATION CARE LLC.

Ref. Number: W09000047292

We have received your document for GREEN CREATION CARE LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Letter Number: 109A00033801

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Division of Corporations - P.O. ROY 6397, Tallahasso, Florida 39314

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	ECT: Gr	een Creation Care LLC			
	Name of Limited Liability Company				
The en	closed Articles of Organization and fee(s) ar	re submitted for filing.			
Please	return all correspondence concerning this m	atter to the following:			
		Lise Meinke			
		Name of Person			
	Green Creation Care				
	Firm/Company				
	23502 Rolling Meadow Lane				
		Address			
		O Lakes, Fl. 34639 City/State and Zip Code			
		•			
•	E-mail address: (to be used	ekey3@verizon.net d for future annual report notification)			
For fur	ther information concerning this matter, plea	ase call:			
	Lise Meinke	at (<u>813</u>) <u>205-1330</u>			
	Name of Person	Area Code & Daytime Telephone Number			
Enclos	sed is a check for the following amount:				
]\$ 125.	00 Filing Fee \$\int \\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy 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 Corporations Clifton Building 2661 Executive Center Circle			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nar	ne:		
The name of the Li	imited Liability Cor	npany is:	
			·.
	Green Cr	eation Care LLC.	
(Mı	ist end with the words "Li	mited Liability Company," "L.L.C.," or "L	LC.")
ARTICLE II - Ad	dress:		
The mailing address	ss and street address	of the principal office of the Li	mited Liability Company is:
Principal Office A	ddress:	Mailing Address:	
23502 Rolling Me Land O Lakes, Fl		same	······································
(The Limited Liability Co		egistered Office, & Registered s own Registered Agent. You must designa	
The name and the I	Florida street addres	s of the registered agent are:	CRET OF
		Lise Meinke	ASSS 2
		Name	Fig 3 17
	23502 F	Rolling Meadow Lane	Reference France
·	Florida street ade	dress (P.O. Box NOT acceptable)	REFE 5
	land o lakes Fl	34639 _{FL} ·	· · · · · · · · · · · · · · · · · · ·
	. Ci	ty, 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)

Page 1 of 2

FILED

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

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<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF STAT TALLAHASSEE.FLOR
MGR	Lise Meinke	
	23502 Rolling Meadow Lane	
	Land O Lakes, Fl. 34639	
		
(Use attachment if necessary)		
ICLE V: Effective date, if other than	the date of filing:	. (OPTIONAL)
effective date is listed, the date mus 90 days after the date of filing.)	t be specific and cannot be more than five b	ousiness days prior
90 days after the date of filing.)		
REQUIRED SIGNATURE:		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	
- 		
	nber or an authorized representative of a member	- r.
Signature of a mer	nber or an authorized representative of a member	- r.
Signature of a men	section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjur	
Signature of a mer (In accordance with of this document of that the facts stated	section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjur herein are true.)	
Signature of a mer (In accordance with of this document of that the facts stated	section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjur	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)