L10000001657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

000163496980

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JAN -6 PM 1:13

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2010 JAN -6 AM 10:36

TO ACKNOWLEDGE
SUFFICIENCY OF FILING

B. KOHR

JAN - 6 2010

EXAMINER

CORPORATION SERVICE COMPANY®

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JAN -6 PM 1:13

ACCOUNT NO. : I20000000195

REFERENCE : 241249 7518993

AUTHORIZATION: Lynn Coleman

COST LIMIT : $ 155.00

---

ORDER DATE : January 5, 2010

ORDER TIME : 5:22 PM

ORDER NO. : 241249-005

CUSTOMER NO: 7518993

---

DOMESTIC FILING

NAME: NORTHERN GREENTREE, LLC

XX ___ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ___ CERTIFIED COPY

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JAN -6 PM 1:13

# ARTICLES OF ORGANIZATION

# FOR

# NORTHERN GREENTREE, LLC

# A FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I-Name:**

The name of the Limited Liability Company is:

**NORTHERN GREENTREE, LLC**

**ARTICLE II-Address:**

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

| **Principal Office Address:** | Mailing Address: |
|---|---|
| 16310 Avila Blvd.<br>Tampa, FL 33613 | 16310 Avila Blvd.<br>Tampa, FL 33613 |

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

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

**HAROLD L. KENT**
**16310 Avila Blvd.**
**Tampa, Florida 336313**

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S.*

Harold L. Kent

**HAROLD L. KENT, Registered Agent**

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

The name and address of each Managing Member are as follows:

| **Title:** | **Name and Address:** |
|---|---|
| MGRM | **HAROLD L. KENT**<br>16310 Avila Blvd.<br>Tampa, FL 33613 |
| MGRM | **JO ANN KENT**<br>16310 Avila Blvd.<br>Tampa, FL 33613 |

**ARTICLE V-Effective Date:**

This Limited Liability Company is to become effective upon listing of this certificate with the Secretary of State.

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.

Harold L. Kent

**HAROLD L. KENT**, Organizer