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EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Green T	echnology Distributors, Name of Limite	LLC cd Liability Company	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
Laura Hodge	2		
		Name of Person	
Green Techn	ology Distributors, LLC		
Gleen recini	ology Distributors, EEO	Firm Company	····
501 Hames A	venue		,
301 Traines A	Vonde	Address	
Orlando, FL	32805		1
Ondrido, 1 E		ty/State and Zip Code	
lhodges@hoc	Igesbrothers.net	•	1
"TO LEGIS CONTROL OF THE PARTY		for future annual report notification)	
For further information	concerning this matter, please	e call:	10 1
Laura Hodges		at (407)702-3342	F F F
Name	of Person	Area Code & Daytime Telephone Number	29 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Enclosed is a check for	or the following amount:		PMI
□\$125,00 Filing Fee	☐\$130,00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$\begin{align*} \lambda \text{160.00} \text{ Filing Fee.} \\ \text{Certificate of Status} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \end{align*}	© (11 € 60
	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 Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: Green Technology Distributors, 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: Mailing Address: 501 Hames Avenue 501 Hames Avenue Orlando, FL 32805 Orlando, FL 32805 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: Laura Hodges Name 501 Hames Avenue Florida street address (P.O. Box NOT acceptable) Orlando, FL 32805

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.

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2



MGRM	Laura Hodges
	501 Hames Avenue
	Orlando, FL 32805
	
(Use attachment if necessary)	
•	

(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.)

Signature of a member or an authorized representative of a member.

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

Typed or printed name of signee

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- S 5.00 Certificate of Status (Optional)

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