## L11000030433

(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:
L. SELLERS
MAR 11 2011
EXAMINER

Office Use Only



100196831181

03/09/11--01007--012 \*\*130.00

11 MAR -9 PM ID: 1

## **COVER LETTER**

то:	Registration Section Division of Corporations
SUBJE	CCT: LANDMARK GREEN, LLC.  Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please 1	return all correspondence concerning this matter to the following:
-	Tibette D. Wyner Name of Person
-	Firm/Company
_	315 Bryan Blud
-	Plantation FC 33317  City/State and Zip Code
_	Thyner 100 (a) ao 1. Com  /E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
T16	Name of Person at (954) 288-651D  Area Code & Daytime Telephone Number
	ed is a check for the following amount:
\$125.00	Filing Fee \$\frac{130.00}{2}\$ Filing Fee & Status   Statu
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
LANDHARK GREEN, L (Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the prince	cipal office of the Limited Liability Company	is:
Principal Office Address:	Mailing Address:	
315 Bryan Blod flantation, FC 33317	SAME	
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ed Agent. You must designate an individual or another	
The name and the Florida street address of the reg	sistered agent are:	
Tibe He D. Name	Wyner	
315 Bryan C	Blud	
Florida street addres	ss (P.O. Box NOT acceptable)	
315 Bryan C Florida street addres Plantation, F City, State,	FL 5 3 3 1 / , and Zip	
Having been named as registered agent and to acc liability company at the place designated in this registered agent and agree to act in this capacity. statutes relating to the proper and complete perfo accept the obligations of my position as register	cept service of process for the above stated limites certificate, I hereby accept the appointment as I further agree to comply with the provisions of formance of my duties, and I am familiar with and	all
Registered Agent's Signature	(REQUIRED) \$500	
(CONTINUE Page 1 of 2	ν <del>-</del>	n = n
- mg/ 1 01 2	From Fr	

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mer	Name and Address:
MGR	Tibette D. Wyner  315 Bryan Blvd  Plantation, FL 3331
<del></del>	
(Use attachment if necessar	y)
LE V: Effective date, if othe fective date is listed, the date days after the date of filing	er than the date of filing: (OPTION te must be specific and cannot be more than five business day.)
LE V: Effective date, if other fective date is listed, the date days after the date of filing REQUIRED SIGNATURE	ter than the date of filing: (OPTION te must be specific and cannot be more than five business described.)  E:  Lette D M e
days after the date of filing  REQUIRED SIGNATURE  Signature of the date of filing  (In accordance with constitutes an affirm I am aware that any	er than the date of filing: (OPTION te must be specific and cannot be more than five business dec.)
LE V: Effective date, if other fective date is listed, the date days after the date of filing REQUIRED SIGNATURE Signature of the constitutes an affirm I am aware that any constitutes a third d	ter than the date of filing: