11100049878

ļ !

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
• PICK-UP	☐ WAIT	MAIL
:		
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		i

Office Use Only



000200823920

04/08/11--01014--028 **160.00

FILED

11 APR -8 PH d: 29

SELVETARY OF STATE
ALLAHASSEF FLORE.

D. BRUCE
APR 11 2011
EXAMINER

COVER LETTER

•			
	istration Section sion of Corporations		
SUBJECT: Greenscape Creations LLC			
		nited Liability Company	
The enclosed	Articles of Organization and fee(s) a	are submitted for filling.	
Please return	all correspondence concerning this m	natter to the following:	
Eric	c Rusnak Jr.		
		Name of Person	
		Firm/Company	
122	208 N. Ola Avenue		
		Address	
Tam	pa, FL 33612		
•		City/State and Zip Code	
<u>yaak</u>	(eric@yahoo.com	ed for future annual report notification)1	
	•		
For further in	formation concerning this matter, ple	ease call:	77
Eric Rusn		ase call: at (813) 267-7688	m
	Name of Person	Area Code & Daytime Telephone Number	M
Enclosed is a	a check for the following amount:		O
]\$125.00 Filin _i	g Fee \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section	Street/Courier Address Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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: Greenscape Creations LLC			
ARTICLE II - Address: The mailing address and street address o	of the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
12208 N. Ola Avenue Tampa, FL 33612	12208 N. Ola Avenue Tampa, FL 33612		
(The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address			
12208 N. O	IA Ave.		
Tampa	FL 336/2 City, State, and Zip		
registered agent and agree to act in this statutes relating to the proper and com	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S		
Ec /	l. Rusk		
Registered Agent	's Signature (REQUIRED)		

(CONTINUED)

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

itutes a third degree telony as provided for in 8.817.155, F.S.)

ERIC Rusnak
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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