

L12000004970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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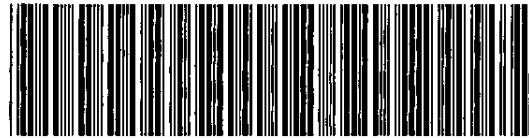
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/10/12--01025--010 **160.00

Effective Date

1/8/12

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 10 AM 11:27

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SAVVY GREEN LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RITA KNORR

Name of Person

SAVVY GREEN LLC

Firm/Company

216 14TH AVE NE

Address

ST PETERSBURG FL 33701

City/State and Zip Code

rita@fulcrumblu.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARY BETH ALLEN

Name of Person

at (**727**) **365-5851**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$160.00 Filing Fee,
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
Tallahassee, FL 32301

January 8, 2012

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

Enclosed herewith is our Articles of Organization for Florida Limited Liability Company for Savvy Green, LLC.

All correspondence regarding this LLC shall be directed to
Rita Knorr
216 14th Ave., NE
St. Petersburg, FL 33701
727-896-3692

Enclosed is \$160.00 for filing fee, certificate of status, and certified copy.

Regards,



Rita Knorr
Managing Member

Effective Date

1/8/12

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SAVVY GREEN 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:

RITA KNORR
216 14TH AVE NE
ST PETERSBURG FL 33701

Mailing Address:

SAVVY GREEN LLC
216 14TH AVE NE
ST PETERSBURG FL 33701

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:

FRANCES A MCCARTHY CPA

Name

919 ALHAMBRA WAY S

Florida street address (P.O. Box **NOT** acceptable)

ST PETERSBURG FL 33705

City, 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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 10 AM 11:27

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

RITA KNORR

216 14TH AVE NE

ST PETERSBURG FL 33701

MGRM

MARY BETH ALLEN

1517 BAY ST NE

ST PETERSBURG FL 33704

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/08/2012 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

RITA KNORR

Typed or printed name of signer

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)