

L12000010588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

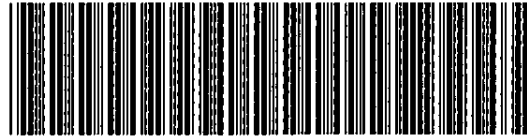
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000218600690

01/20/12--01050--003 **160.00

FILED
12 JAN 20 PM 4:14
SEALY, KYLE
TALLAHASSEE, FLORIDA

B. BOSTICK

JAN 23 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORLANDO GREEN
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:

JACOB BURTON

Name of Person

WIGGINS, SMIT, BURBY, REINEKE & CO., P.A.

Firm/Company

30 FOURTH STREET, S.W.

Address

WINTER HAVEN, FL 33880

City/State and Zip Code

JBurton@cpa-winterhaven.com

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

For further information concerning this matter, please call:

David Brosnan

Name of Person

at (352) 227-1383

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

FILED
12 JAN 20 PM 4:14
TALLAHASSEE, FL
SUBMITTED BY
REGISTRATION SECTION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Orlando 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:

30 FOURTH STREET, S.W.
WINTER HAVEN, FL 33880

Mailing Address:

30 FOURTH STREET, S.W.
WINTER HAVEN, FL 33880

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:

WIGGINS, SMIT, BURBY, REINEKE & CO., P.A.

Name

30 FOURTH STREET, S.W.

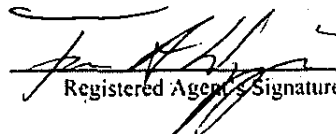
Florida street address (P.O. Box NOT acceptable)

WINTER HAVEN FL 33880

City, State, and Zip

FILED
12 JAN 20 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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:

Managing Member

GVA Fiduciary Services S.A.

1st Floor, Rue du Rhone, 100,

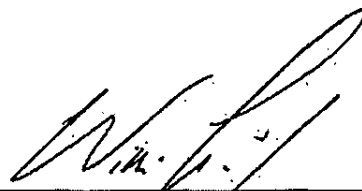
1204 Geneva, Switzerland.

(Use attachment if necessary)

FILED
12 JAN 20 PM 4:14
CLERK OF CIRCUIT COURT
ALACHUA COUNTY, FLORIDA

ARTICLE V: Effective date, if other than the date of filing: _____ (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.
for GVA Fiduciary Services S.A.

(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.)

WILLIAM STOTT

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)