L12000026734

(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(0) (0) (1)		
(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



800222427568

12 FEB 23 PH 12: 44
SELENT STATE

B. BOSTICK
FEB **2 4** 2012
EXAMINER

COVER LETTER

,

Division of Corporations
SUBJECT: Ultimate Green Products, LLC Name of Limited Liability Company
Traine of Entitled Elability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
DONALD E. WARDEN
Name of Person
Ultimate Green Products, LLC
Firm/Company
2861 NE 2/st. Are.
Address
Lighthouse Point Fl. 33064-7608 City/State and Zip Code SKW TRAJE @ Concret. Net
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
b-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Monald & Malan and Mar and The
Name of Person Name of Person Name of Person Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
<u> </u>
\$125.00 Filing Fee \$\int \\$130.00 Filing Fee & \int \\$155.00 Filing Fee & \int \\$160.00 Filing Fee, Certificate of Status Certified Copy
(additional copy is enclosed) Certified Copy
(additional copy is enclosed)
. Mailing Address Street/Courier Address
Registration Section Registration Section
Division of Corporations Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of th	e Limited Liability Company is:
111	timate Green Products, LLC
	(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ADTICLET	'Adduses.

ARTICLE II - Address:

Principal Office Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an indivibusiness entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are: ONAID E. WARDEN	12 FEB I	A COMPANY A B LL LL LL LL LL LL LL LL LL LL LL LL L
7453-(Commercial Cincle	23 P	7.00 MA
Florida street address (P.O. Box NOT acceptable) First Pience FL 34951	HZ: W STATE	

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)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	L
"MGRM" = Managing Mem	
M6R	DONALD E. WARDEN
	2861 NE 21st. Are.
000	Lighthouse Point, F1.33064-7608
MGRM	ShauN K. WARden
	2861 NE 2kx Ave
	Lighthouse Point, Fl. 33064-7608
MGRM	Caix O Kano
7.0111	7/1 ARIZONA AVO.
	Ft. Laudendale, Fl. 33312
MGRM	
11101(111	Rickey A, Sch Roeder
	Field by OH Christ
	- 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1
(Use attachment if necessary)
ICLE V: Effective date, if other	· · · · · · · · · · · · · · · · · · ·
effective date is listed, the date 90 days after the date of filing.	e must be specific and cannot be more than five business days prior
o days after the date of hing.	,
	•
REQUIRED SIGNATURE	\mathcal{H}
	La pla pl
λ	Markey Wangley
Signature of	a member or an authorized representative of a member.
(In accordance with s	ection 608.408(3), Florida Statutes, the execution of this document
	ation under the penalties of perjury that the facts stated herein are true. False information submitted in a document to the Department of State
	gree follow as provided for in s 817 155 F.S.)
	gree teleng as provided for in start (1993, 1993)
·	
·	Typed or printed name of signee
Filing Food	Typed or printed name of signee
Filing Fees:	Typed or printed name of signee
\$125.00 Filing Fee for Article	Typed or printed name of signee SS 22 es of Organization and Designation
\$125.00 Filing Fee for Article of Registered Agent	Typed or printed name of signee Es of Organization and Designation
\$125.00 Filing Fee for Article	Typed or printed name of signee Es of Organization and Designation Typed or printed name of signee Typed or printed name of signee