L12000047099

(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:		
Malle		





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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALL ANASSEE FLORIDA

RECEIVED

ZOIZ APR -5 PH 3: 14

J. SAULSBERRY EXAMINER APR 5 2012

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Creen trees PWRS Name of Limited Liability Company	y
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Fredericle Antware Green	ilee
Greentrees Pet Waste Remove	val and Lawn Treatment Service
2060 Continental Are #220	
Tallahausee, FL, 32304 City/State and Zip Code Green trees PWRS@awail. Con E-mail address: (to be used for future annual report For further information concerning this matter, please call: Antwore Greenke at 850 Name of Person Area Code &	notification) SELIRETARY OF STATE Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$155.00 Filing Certified Copy (additional copy in the control of the following amount:	Certificate of Status &
Mailing Address Street/Cou Registration Section Registration	rier Address n Section

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

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Green trees PWRS, LLC (Must end with the words "Limited Liability Company)	y, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	ffice of the Limited Liability Company is:
Principal Office Address: Mailin	g Address:
2060 Continental Ave 206 #220, Tallahouse, FL, 32304 #22	O Continental Ave o, Tallahausre, FL, 72304
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own Registered Agent, business entity with an active Florida registration.)	You must designate an individual or another
The name and the Florida street address of the registered Frederick A. G. Name 2060 Continental	VCCNICE SEE. FL.
Florida street address (P.O.	72704 85 5
Having been named as registered agent and to accept set liability company at the place designated in this certific registered agent and agree to act in this capacity. I furthe statutes relating to the proper and complete performance accept the obligations of my position as registered agents.	cate, I hereby accept the appointment as er agree to comply with the provisions of all se of my duties, and I am familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGR	Frederick A. Greenlee 2060 Continental Ave #220 Tallahassee, FL,72304
· · · · · · · · · · · · · · · · · · ·	SECRETARY TALLAHISSE
·	OF SIATE ORIGA
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days p
A dance after the date of filling	
0 days after the date of filing.) REQUIRED SIGNATURE:	

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.) Frederick Greenlee
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)