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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Set Up 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:				
John Campbell				
Name of Person				
Set Up Green, LLC				
Firm/Company				
11280 S Indian River Dr				
Address				
Sebastian, FL 32958				
City/State and Zip Code				
jcsesi@gmail.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
John Campbell at (210) 336-2097				
Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company	y is:	
Set Up Green, LLC		
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limited L	iability Company is:
Principal Office Address:	Mailing Address:	
1280 S Indian River Dr Sebastian, FL 32958	SAME	
Depastiall, FL 32936		
ARTICLE III - Registered Agent, Register The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	ered Office, & Registered Agent's Registered Agent. You must designate an indiv	s Signature:
The name and the Florida street address of the	he registered agent are:	25 15
John Campbell		APR LAH
	ame	R 30 HASSI
11280 S India	ın River Dr	AMII: 33 SEE FLORD
	t address (P.O. Box <u>NOT</u> acceptable)	======================================
Sebastian	_{FL} 32958	2 S
City	y, 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)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM Jeff Benson 5217 Stonewall Dr Summerville, SC 29485 MGRM Christopher Edwin Swanson 5223 Stonewall Dr Summerville, SC 29485 John Nash Campbell MGRM 11280 S Indian River Dr Sebastian, FL 32958 (Use attachment if necessary) 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. (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 I am aware that any false information submitted in a document to the Department of States constitutes a third degree felony as provided for in s.817.155, F.S.) John N Campbell Typed or printed name of signee

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

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)