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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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EXAMINER

COVER LETTER

TO:

Registration Section

Division of C	Corporations					
SUBJECT: Clove	er Green L.L.C.					
30BBEC1.		ed Liability Compa	ny			
The enclosed Articles	of Organization and fee(s) are	submitted for filing				
Please return all corre	spondence concerning this mat	ter to the following:				
Robert	J. Gleason					
rioberi	. Gleason	Name of Person				
		Firm/Company				
9268 Es	tero River Circle					
<u> </u>		Address				
Estero, Fl			-			fair car ,
rigloscon	Cit 8@yahoo.com	y/State and Zip Code			29 ARY	7
ijgleasono	E-mail address: (to be used	for future annual repor	rt notification)	<u></u>		
For further information	n concerning this matter, please	e call:		ะอิสเป็		
Robert J. Gleas	son	_at (_239)	872-0530			
Nam	e of Person	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 Certified Cop (additional copy	by	\$160.00 Filing Certificate of S Certified Copy (additional copy i	Status &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bo 2661 Exe	urier Address on Section of Corporations uilding cutive Center C ee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Clover Green L.L.C.		
	ited 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:	Mailing Address:	
9268 Estero River Circle Estero, FL 33928	9268 Estero River Circle Estero, FL 33928	
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	gistered Office, & Registered Agent's Signature:	100 mm
(The Limited Liability Company cannot serve as its	own Registered Agent. You must designate an individual oranother	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	own Registered Agent. You must designate an individual or shother some of the registered agent are:	河至河
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres	own Registered Agent. You must designate an individual or shother some of the registered agent are:	理理
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres Robert J. Gleas	own Registered Agent. You must designate an individual or	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres Robert J. Gleas 9268 Estero	own Registered Agent. You must designate an individual or shother and the registered agent are: On Name	到了
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres Robert J. Gleas 9268 Estero	of the registered agent are: On Name River Circle	でき

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Robert J. Gleason
	9268 Estero River Circle
	Estero, FL 33928

	A To Table 4 To Table 4
(Use attachment if necessary)	
	(OPTIONAL)
	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
or 90 days after the date of filing.)	59
·	En R
<u>REQUIRED</u> SIGNATURE:	NA NA
	A SSE
Y / /	Mo n
Signature of a memi	ber of an authorized representative of a member
•	プログラス Nation Applied Applie
(In accordance with section 60	08.408(3), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true.
I am aware that any false into	rmation submitted in a document to the Department of State
	ny as provided for in s.817.155, F.S.)
Robert J. Gle	
Т	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)