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SECRETARY OF STATE
ALL ALLASSER FLORID.

C. LEWIS

JUL 1 9 2012

EXAMINER

COVERLETTER

TO: Registration Section

Division of Corporations				
SUBJECT: Green Body 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:				
Amy Rouse Name of Person				
Name of Person				
Firm/Company				
HOIT HENDERSON Blid				
Address				
Tampa F1. 33629 City/State and Zip Code				
City/State and Zip Code				
For further information concerning this matter, please call:				
Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$\ \text{Certificate of Status} \] \$130.00 Filing Fee & \text{Certified Copy} & \t				
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
(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: Mailing Address:
4017 Henderson Blod. 4017 Henderson Blod. Tampa FI 33618
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: Any Rouse Name
2537 Lake Eller Deive
Florida street address (P.O. Box NOT acceptable)
Tanpa FL 33618 City, 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

FILED

ARTICLE IV- Manager(s) or Mana The name and address of each Manag		s: 42 JUL 18 AM 10: 1
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF STAT TALLAHASSEE, FLORID
MGR	Amy Rouse 2537 Lake Ellen Tampa Fl 33419	02 ive

REQUIRED SIGNATURE:

(Use attachment if necessary)

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 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.)

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)