

L12000115727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

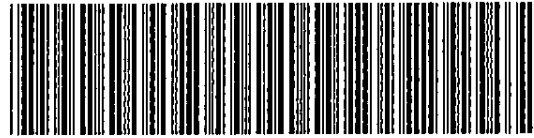
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/06/12--01004--008 **87.50

09/06/12--01027--010 **37.50

FILED
12 SEP -7 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
SEP 10 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2012

GREENACRE PROPERTY PRESERVATION LLC
ATTN: P.J. HODES
202 NW HWY 441
MICANOPY, FL 32667-4004

SUBJECT: GREENACRE PROPERTY PRESERVATION LLC.
Ref. Number: W12000014628

We have received your document for GREENACRE PROPERTY PRESERVATION LLC. and check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$72.50. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 612A00009267

GreenAcre Property Preservation LLC

202 NW Highway 441 Micanopy, Florida 32667-4004
greenacrepropertypreservation@gmail.com

Phone: 352-466-GAPP (4277)

Fax: 352-466 Fax-1 (2391)

Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, Fl. 32314

Subject: GreenAcre Property Preservation LLC

Enclosed is the original and two copies. I would like one certified and one Certificate of Status.
I have enclosed \$87.50 to cover the cost.

Thank you for your help,



P. J. Hodes,
Registered Agent

w12-14628

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED

12 SEP -7 PM 3: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the Limited Liability Company is:

"GreenAcre Property Preservation LLC."

ARTICLE II PRINCIPAL OFFICE

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

**202 N.W. Highway 441
Micanopy, Florida 32667-4004**

ARTICLE III PURPOSE

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

**P. J. Hodes, Registered Agent
202 NW Highway 441
Micanopy, Florida 32667-4004**

Having been named as registered agent to accept service of process for the above stated Limited Liability at the place designated in this certificate, I am familiar with and 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 accept the obligations of my position as registered agent.



Signature/Registered Agent

*Authorized
Representative*

03/01/2012
Date