## 112080130857

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	<del></del>
(Ci	ty/State/Zip/Phone	e #)
	,	·
PICK-UP	■ WAIT	MAIL.
(Ri	isiness Entity Nar	ne)
(60	isiness Endry (vai	ne)
	acompant Nicomban	
(DC	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		İ
		İ

Office Use Only



400240563724

10/12/12--01005--020 \*\*125.00

2112 OCT 12 AM ID: 42

T. CLINE
OCT 15 2012
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Sustainabuilo Name of Lim	ling LLC
Name of Lim	nited Liability Company
The enclosed Articles of Organization and fee(s) ar	re submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Trevor Bo	owden
	Name of Person
54.1	Firm/Company
405 Nogal	es Ave
	Address
Palm Rav	Address  Address  FL 32907  City/State and Zip Code  Vor @ gmail.com d for future annual report notification)
	City/State and Zip Code
bowden. tre	vor@gmail.com
For further information concerning this matter, plea	
Trevor Bowden	at (984) 325-6255 Acc Rea Code & Daytime Telephone Number AFF Acc Res Code & Daytime Telephone Number CAFF Acc Res Caff Acc Re
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	TAR.
\$125.00 Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}	at (904) 325-6255  Area Code & Daytime Telephone Number  \$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 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:
Sustainabuilding LLC  (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:
405 Nogales Ave Palm Bay, FL 32907 Palm Bay, FL 32907
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:
Trevor Bowden
Name
405 Nogales Ave.  Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)
Palm Bay, FL 32907  City. State, and Zip
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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Trevor Bowden 405 Nogales Ave Palm Bay, FL 32907
•	
LE V: Effective date, if other that fective date is listed, the date m days after the date of filing.)	an the date of filing: (OPTIONAL ust be specific and cannot be more than five business days
LE V: Effective date, if other that fective date is listed, the date m days after the date of filing.)  REQUIRED SIGNATURE:	ust be specific and cannot be more than five business days
LE V: Effective date, if other that fective date is listed, the date m days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	nember or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
LE V: Effective date, if other that fective date is listed, the date m days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	nember or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE:  Signature of a m  (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	nember or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)