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Certified Copies	Certificates	s of Status
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SEGRETARY OF STATE
MINARY OF STATE

3-37440

SEP - 5 2013

(850) 245-6051.

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT.

Lean & Green Business Solutions, 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:

Sherri Lange

Name of Person

Lean & Green Business Solutions, LLC

Firm/Company

11735 Timberline Circle

Address

Ft. Myers, Florida 33966

City/State and Zip Code

Drlange.s@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherri Lange

_{...}239

290-5151

Name 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 Fee & Certified Copy (additional copy is enclosed) Certificate of Status & Certificate of Status & Certified Copy (admitional 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



RECEIVED

13 SEP -4 PM 3: 45

SECRETARY OF STATE
TALLAHASSEE, FLORIBA

July 12, 2013

SHERRI LANGE 11735 TIMBERLINE CIR FT MYERS, FL 33966

SUBJECT: LEAN & GREEN BUSINESS SOLUTIONS, LLC

Ref. Number: W13000039440

We have received your document for LEAN & GREEN BUSINESS SOLUTIONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on July 12, 2013. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 413A00017089

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: Lean & Green Business Solutions, 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 Principal Office Address: Mailing Address: 11735 Timberline Circle 11735 Timberline Circle, Ft. Myers, Ft. 33966 100 Villages Square Crossing, Paim Beach Gardens, Ft. 33408 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 Floridar registration.) The name and the Florida street address of the registered agent are: Sherri Lange Name 11735 Timberline Circle Florida street address (P.O. Box NOT acceptable) Ft. Myers, Ft. 33966 City, State, and Zip Having been named as registered agent and to accept service of process for the above stated limit 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 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, Ft. Sharper 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, Ft. Sharper agent and to accept service of process for the above stated limit and accept the obligations of my position as registered agent as provided for in Chapter 608, Ft. Sharper agent and to accept service of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Ft. Sharper agent and to accept service of process for the above stated limit and accept the obligations of my position as reg	ADTICLE I Name		
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Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	•
•	•
MGRM	Sherri Lange
•	11735 Timberline Circle
	Ft. Myers, FL 33966
MGR	Saul Cohen
	336 Golfview Rd. Apt 1019
	North Palm Beach, FL 33408
LE V: Effective date, if other the	an the date of filing: (OPTIC must be specific and cannot be more than five but
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