

L130000157439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

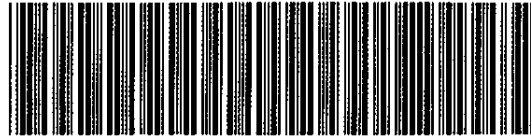
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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200253568312

Effective Date 11-5-13

11/07/13--01014--012 \*\*125.00

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J. SAULSBERRY  
EXAMINER

NOV 8 2013

(850) 245-6051.

### COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Green Planet Laundry Systems, 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:

Viviana H Trout  
Name of Person

\_\_\_\_\_  
Firm/Company

1155 West 22 St.  
Address

Hialeah, FL 33010  
City/State and Zip Code

VIVIAN.TROUT@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vivian Trout at ( 954 ) 914-4443  
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)    ☐ \$160.00 Filing Fee, Certificate of Status & 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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Green Planet Laundry Systems, 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:**

1155 W. 22 ST  
HiALEAH, FL 33010

1155 W. 22 ST  
HiALEAH, FL 33010

**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:

Vivian Trout

Name

1155 W 22 ST

Florida street address (P.O. Box **NOT** acceptable)

HiALEAH FL 33010

City, State, and Zip

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*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..*

Vivian Trout

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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

George Rionda  
2338 NW 193 Ave  
Pembroke Pines, FL 33029

MGRM

Alejandro Correa  
2271 SW 80 Ct  
MIAMI, FL 33155

MGRM

Mariano Miguel  
5401 NW 174 Drive  
MIAMI, FL 33055

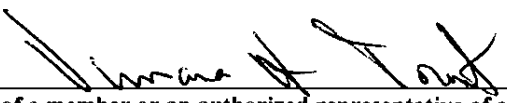
MGRM

Viviana H Trout  
4967 SW 167 Ave  
MIRAMAR, FL 33027

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: Nov. 5, 2013. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

Viviana H Trout  
\_\_\_\_\_  
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)

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