

L13000173637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

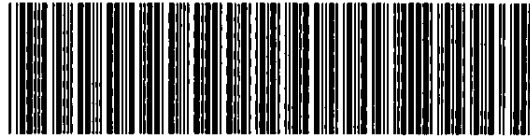
(Document Number)

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

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LLC

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13 DEC 13 PM 12:46  
TALLAHASSEE, FLORIDA

T. Burch DEC 17 2013

(850) 245-6051.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Global Solar Care, 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:

Lisa Leslie

Name of Person

Global Solar Care, LLC

Firm/Company

166 Center St. Suite 200

Address

Cape Canaveral, FL 32920

City/State and Zip Code

LLeslie@globalsolarcare.com

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

For further information concerning this matter, please call:

Lisa Leslie

Name of Person

at ( 321 ) 848-3206

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Global Solar Care, 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:

166 Center St. Suite 200

Cape Canaveral, FL 32920

#### Mailing Address:

166 Center St. Suite 200

Cape Canaveral, FL 32920

### 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:

Bennett Boucher

Name

750 N Atlantic Ave #1201

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

Cocoa Beach, FL 32931

City, State, and Zip

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TALLAHASSEE, FLORIDA

*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)

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

**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

LISA LESLIE

3426 PHEASANT CT.

MELBOURNE, FL 32935

MGRM

AUTUMN LEWIS

255 SEA DUNES DR

MELBOURNE BEACH, FL 32951

MGRM

STEPHANIE PEALOCK

222 LEMON ST

COCOA, FL 32922

MGRM

ERLEEN ESTES

1208 WILDESPOND CT

ROCKLEDGE, FL 32955

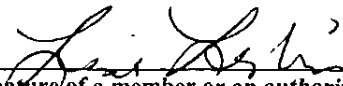
(Use attachment if necessary)

SEE ATTACHMENT

**ARTICLE V:** Effective date, if other than the date of filing: 12/10/13 (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.)

Lisa Leslie

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)**

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Elizabeth Manolakis

8891 Lake Drive, Unit 403

Cape Canaveral, FL 32920

MGRM

Robin Hurt

279 East Pine Ave.

Longwood, FL 32750

MGRM

James Hargis, Jr.

2902 Nina Court

Merritt Island, FL 32953

MGRM

Bennett Boucher

750 N. Atlantic Ave #1201

Cocoa Beach, FL 32920

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13 DEC 13 11 12:46  
MONTGOMERY COUNTY  
TALLAHASSEE, FLORIDA