## 11400075196

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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EFFECTIVE DATE No 103/14



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 24, 2014

JOHN DOUGHERTY 6881 KINGSPOINTE PARKWAY, SUITE 3 ORLANDO, FL 32819

SUBJECT: GREENLINK USA LLC Ref. Number: W14000026074

We have received your document for GREENLINK USA LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

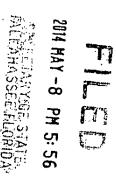
Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on April 21, 2014. Please amend your document accordingly.

Please return 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.

Deborah Bruce Regulatory Specialist II

Letter Number: 414A00008794



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: GreenLink USA 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:	
John Dougherty  Name of Person	
Name of Person	
Greenlink Usa LLC Firm/Company	
6881 Kingspointe Parkway Suite 3  Address	
Orlando, FI 32819	
City/State and Zip Code	
John@GreenLinkUSA.com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	HAY -
John Dougherty at (_407 ) _455-3900  Name of Person Area Code Daytime Telephone No.	amber SEE FLOOR
Enclosed is a check for the following amount:	56
Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certificate (additional copy is enclosed)	00 Filing Fee, ficate of Status & fied Copy field 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:				
GreenLink USA LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
6881 Kingspointe parkway Suite 3 Orlando, Fl 32819	6881 Kingspointe Parkway Suite 3 Orlando, Fl 32819		•	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individ	dual or		
The name and the Florida street address of the registered a	gent are:			
John Dougherty Name				
6881 Kingspointe Parkway Suit Florida street address (P.O. Box March 1988)				
<u>Orlando</u> City	FL 32819 Zip			
Having been named as registered agent and to accept serv the place designated in this certificate, I hereby accept t capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liabilithe appointment as registered agent and agree to fall statutes relating to the proper and complete gations of my position as registered agent as proved to the proper and complete gations of my position as registered agent as proved to the proper and complete gations of my position as registered agent as proved to the proper and complete gations of my position as registered agent as proved to the proper and complete gations of my position as registered agent as proved to the proper and complete gations of my position as registered agent as proved to the proper and complete gations of my position as registered agent as proved to the proper and complete gations of my position as registered agent as proved to the proper and complete gations of my position as registered agent as proved to the proper and complete gations of my position as registered agent as proved to the proper and complete gations of my position as registered agent as proved to the proper and complete gations of my position as registered agent as proved to the proper and complete gations are proved to the proper agent as proved to the proper agent as proved to the proper agent agent as proved to the proper agent age	o act in perform wided f	this mance	

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<u>Title:</u>	Name and Address:
'AMBR" = Authorized Member	
MGR" = Manager	
MGR	Joseph Carliste
	11222 Suffield Street
	Ft Myers, Florida 33913
Use attachment if necessary)	
EV: Effective date, if other than the date of the date is listed, the date must be specified.	of filing: 13rd 2014 (OPTIONAL) cific and cannot be more than five business days prior to or 9
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