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SECRET FLORIDA

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ION SERVICE COMPANY.
ACCOUNT NO. : 12000000195
REFERENCE: 126557 7404879
AUTHORIZATION THE SCENARIO
COST LIMIT : \$-125.00
ORDER DATE: May 9, 2014
ORDER TIME : 11:51 AM
ORDER NO. : 126557-005
CUSTOMER NO: 7404879
DOMESTIC FILING
NAME: GREEN BUILDING COMMERCIAL CONSTRUCTION, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Emily Gray - EXT. 62925
EVAMINED/C INTERAC.

COVER LETTER

SUBJEC	Green Building Commercial Construction, LLC
SOBJEC	Name of Limited Liability Company
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Plèase ret	turn all correspondence concerning this matter to the following:
	Mark W Burch
	Name of Person
	Green Building Commercial Construction, LLC
	Firm/Company
	2885 Jupiter Park Drive, Suite 1800
	Address
•	Jupiter, FL 33458
•	City/State and Zip Code
,	rburchgbcc@att.net
	E-mail address: (to be used for future annual report notification)
For furthe	er information concerning this matter, please call:
Roy Bur	ch 561 747-9433
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
]\$125.00 I	Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status} \$\text{\$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & 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 Com	ipany is:	
Green Building Commercial Constr		
(Must end with th	e 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:	
2885 Jupiter Park Drive Suite 1800	2885 Jupiter Park Drive Suite 1800	
Jupiter, FL 33458	Jupiter, FL 33458	
(The Limited Liability Company canno another business entity with an active F The name and the Florida street address	s of the registered agent are:	A creat
Mark W Burch		٠ ; ٥
	Name	R 11
2885 Jupiter F	Park Drive, Suite 1800	- [-
Florida street a	address (P.O. Box NOT acceptable)	
Jupiter	FL 33458	D
	City . Zip	
the place designated in this certifical capacity. I further agree to comply with of my duties, and I am familiar with a Mark W Bu By:	at and to accept service of process for the above stated limited liability contents. I hereby accept the appointment as registered agent and agree to act if ith the provisions of all statutes relating to the proper and complete performed accept the obligations of my position as registered agent as provided Chapter 605, F.S Inch ALW BUML Ted Agent's Signature (REQUIRED)	n this rmance

(CONTINUED)
Page 1 of 2

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager AMBR	Mark W Burch	
AWDR	2885 Jupiter Park Drive, Suite 1800	
•	Jupiter, FL 33458	
MGR	Roy E Burch	
	2885 Jupiter Park Drive, Suite 1800	
•	Jupiter, FL 33458	4
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(Use attachment if necessary)	DA A	G
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CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific an ite of filing.)	: May 9, 2014 (OPTIONAL)	Φ
CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific an ate of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	e: May 9, 2014 (OPTIONAL) nd cannot be more than five business days prior to or 9	Φ
CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific an ate of filing.) CLE VI: Other provisions, if any.	e: May 9, 2014 (OPTIONAL) nd cannot be more than five business days prior to or 9	Φ
CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific an te of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the date of filing effective date in 605.020 constitutes an affirmation under the	r an authorized representative of a member. (3 (1) (b). Florida Statutes, the execution of this document on submitted in a document to the Department of State	O days
CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific and te of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of (In accordance with section 605.020 constitutes an affirmation under the I am aware that any false informatic	r an authorized representative of a member. (3 (1) (b). Florida Statutes, the execution of this document on submitted in a document to the Department of State	O days

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)