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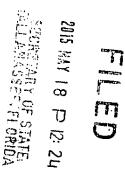
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	Registration S Division of Co				
SUBJEC	Green	Sunbelt Enterprises, LLC			
SOBJEC		Name of Li	nited Liability Com	pany	
The enclo	osed Articles o	f Organization and fee(s) ar	e submitted for filir	ıg.	
Please re	turn all corres _l	oondence concerning this m	atter to the followin	g:	
	Wilson Gre	een IV			
			Name of Person		
			Firm/Company		
	811 W. Ya	le Street			
			Address		
	Orlando, F	L 32804			
	greensunbel	t@hotmail.com	City/State and Zip C	ode	
		E-mail address: (to be used	l for future annual r	eport notificat	ion)
For further	r information c	oncerning this matter, pleas	e call:		
	Wilson Gre			7-5083	
	Na			time Telephor	ne Number
Enclosed	lis a check for	the following amount:			
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy (additional copy	y	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mail</u>	ing Address	Street	Address	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabil	ity Company is:					
Green Sunbelt Ente	rprises, LLC					
(Must end	with the words "Limite	ed Liability Company,	"L.L.C.," or "LLC.")	ł		
ARTICLE II - Address: The mailing address and street	address of the principal	office of the Limited	Liability Company is:			
<u>Princi</u>	Principal Office Address:		Mailing Address:			
811 W. Yale Street		811	W. Yale Street			
Orlando, FL 32804			ndo, FL 32804			
another business entity with ar The name and the Florida stree	t address of the register					
	Wilson Green IV			•		
		Name				
	811 W. Yale Street	t				
	Florida street addr	ess (P.O. Box NOT ac	cceptable)			
	Orlando	FL	32804			
	City	State	Zip			
Having been named as registered place designated in this certificat further agree to comply with the am familiar with and accept the d	te, I hereby accept the approvisions of all statutes obligations of my positions.	opointment as registere relating to the proper	ed agent and agree to a and complete perform as provided for in Chap	act in this co ance of my	apacity. I duties, and	
		(CONTINUED)		Žķa Laa	201	
		Page 1 of 2		13887 [14] Abva 388	2015 EAY 18	

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager Wilson Green IV AMBR (Use attachment if necessary) _. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: ___ (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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. **ARTICLE VI:** Other provisions, if any. **REOUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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.) Wilson Green IV 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) Page 2 of 2